## **OZARKS TECHNICAL COMMUNITY COLLEGE**

## Surgical Technology Reference – DUE by April 3

Student should verify that their application is complete before the deadline.

## NOTE:

- The applicant cannot be scored unless both sides of this form are completed.
- Recommendations should be completed by previous or current supervisors or instructors.
- This reference may not be completed by a family member.

Applicant's Name has given this form to you so that you may support his/her application for admission into Ozarks Technical Community College Surgical Technology Program.									
information regardin	uthorizes individual/busing their service, character firm/institution from all li	, personality and co	mpetencies, a	ind do hereby u	nconditionally re	elease named			
	Your	Response Will Be	Kept Confide	ential					
	f the applicant's characte espond to all questions to			o evaluate who	ether this applic	ant meets its			
Applicant's Signatur	·e		Date						
delineated by the Fa	provide will be used only amily Educational Rights	and Privacy Act of	1974.						
How well do you k	now this applicant?								
Very well	Well	Not Well Not at all							
Length of acquaint	tance:								
Years	Months	Semesters							
Rating of Applican	t - (based upon your di	rect observation 8	k knowledge o	of the applican	t)				
		Exceptional	Above Average	Average	Below Average	Poor			
	<i>nality</i> – cooperative, us, accepts criticism								
Optional comment	s:								

	Exceptional	Above Average	Average	Below Average	Poor	
Reliability – honest and dependable, ethical behavior, attendance						
Optional comments:						
Work Habits and Industry – motivation, ability to organize, takes initiative, works well with others						
Optional comments:						
Performance Under Pressure – problem solving skills, critical thinking skills, appropriate response to stress						
Optional comments:						
Communication – verbal and written clarity, confidence in conversation, capacity for empathy						
Optional comments:	l	l		l		
Recommendation for the Surgical Technology	Program:					
Highly RecommendRecon	nmend	Do Not Reco	mmend			
Signature	Date					
Print Name						
Title or Position		Phor	ne			

## **Directions for submission:**

- Email to <a href="mailto:healthsciences@otc.edu">healthsciences@otc.edu</a> (preferred method)
- Fax to (417) 447-8806
- Hand-deliver to the Health Sciences office (Lincoln Hall, room 210)