



Regions Hospital®

School of Ophthalmic Medical Technology

864 Terrace Ct, St. Paul, MN 55130

651-254-3000

Personal Reference

APPLICANT INSTRUCTIONS:

Complete this section and attach this form to reference cover letter, Form A-3a; forward to the individuals you listed as personal references, on your application form.

Applicant's Name (Please print or type) \_\_\_\_\_

To insure confidentiality of this reference, I waive my rights to inspect it. However, I understand that I may refuse to waive these rights without prejudice to my application.

\_\_\_\_\_ I waive my rights
(Initial)

\_\_\_\_\_ I do not waive my rights.
(Initial)

Signature of Applicant \_\_\_\_\_

EVALUATOR INSTRUCTIONS

Respond to the following questions. Once completed, please mail this form directly to the School of Ophthalmic Medical Technology; do not return to applicant.

1. How long have you known this person? \_\_\_\_\_

In what capacity? \_\_\_\_\_

2. Do you feel the applicant would be a good candidate for placement? \_\_\_\_ Yes \_\_\_\_ no

(Please comment on personal characteristics such as dependability, honesty, ability to relate to others, discretion, etc.).

Multiple horizontal lines for providing a written response to question 2.

