

DEPARTMENT OF HEALTH SCIENCES AND HUMAN SERVICES

315 Falls Avenue • P.O. Box 1238 • Twin Falls, Idaho 83303 (208) 733-9554, Ext. 6701 • Fax: (208) 736-4743 (800) 680-0274 (in Idaho and Nevada) TDD (208) 734-9929 Web Site: http://www.csi.edu

REFERENCE FOR DENTAL ASSISTANT

I,	, an applicant to the College of Southern Idaho
Dental Assistant prog	gram, release the individual and the college from all claims or liabilities that might arise from the tion on this reference inquiry.
Name of Applicant _	
Your comments will b	is a candidate for admission to the College of Southern Idaho Dental Assistant program. be considered confidential and will be used only by the faculty members to help them to arrive ing of the applicant. Your cooperation in completing and promptly returning this form will assist both Department.
1. How long have yo	u known the applicant and in what capacity?
2. What do you consi	ider the chief qualities indicating strength or weakness of the applicant? If possible, give illustrations.
3. Do you place full	confidence in the applicant's integrity? If not, please explain.
4. Has the applicant,	so far as you know, any characteristics which might limit success in this career? If so, please specify.
5. What experience h	has the applicant had which might have influenced her/his development:
a. Favorably	
b. Unfavorably	

0.	What experiences has she/he had which support your answer?
	Additional comments:
7.	To your knowledge how does the applicant respond to stress? Use examples if needed.
	Please indicate whether or not you endorse this applicant as a suitable candidate for this program. Please give a reason for your answer.
	Other comments you wish to make:
	Endorse Endorse with enthusiasm Do not endorse
	Signature
	Position
	Address
	Date
Ρl	Tonja Bowcut Instructor/Program Director College of Southern Idaho P.O. Box 1238

Twin Falls, ID 83303-1238