

**STONY BROOK UNIVERSITY
SCHOOL OF HEALTH PROFESSIONS
PHLEBOTOMY CERTIFICATE PROGRAM
REFERENCE REPORT**

Name of Applicant: _____

Applicant Address: _____

Name of Respondent: _____

Respondent Address: _____

Daytime Telephone: _____

E-Mail Address: _____

Cell Phone: _____

1. In what capacities have you known the applicant? _____

2. How long have you known the applicant? _____

Please indicate your opinion of the applicant.

	1 - Poor	2 - Average	3 - Good	4 - Excellent	5 - N/A
	1	2	3	4	5
His/her logical and disciplined approach to situations is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
His/her judgment and independence in work assignments is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
His/her ability to get along with others is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
His/her concern of social problems is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
His/her ability to interact with others is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In speech, the applicant expresses himself/herself:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In written language, the applicant expresses himself/herself:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
His/her rating as a prospective student is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Comment on the capacity for sustained hard work under trying conditions.

2. In the space below, add any comments, which may assist in providing a complete picture of the applicant's ability and potential.

Signature of Respondent _____

Date _____

PLEASE RETURN COMPLETED FORM TO:

Phlebotomy Training Program
School of Health Professions
Health Science Center, Level 2
Stony Brook, NY 11794-8205
Or email to: shtm_clinlabscience@stonybrook.edu