

# Certificate in Diagnostic Medical Sonography

## Misericordia University Reference Form



**Applicant Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Address** \_\_\_\_\_

**I, the applicant, voluntarily waive the right to view this completed reference form.** \_\_\_\_\_

*Signature*

The individual named above:	All of the time	Most of the time	Sometimes	Never	N/A, Unable to evaluate
is fair minded, honest, and trustworthy					
is hardworking, organized, and detail oriented					
is compliant in following directions					
works well in a team environment					
respects their supervisors and organizational administration					
displays professionalism in their verbal and non-verbal communication					
demonstrates strong work ethics of punctuality and attendance					
demonstrates ability to problem solve in the work/education environment					
achieves productivity with a commitment to quality					
accepts constructive criticism and uses feedback for improvement					
accepts responsibilities for their own actions					
demonstrates ability to manage personal stress while being in the work/ education environment					
has the potential to succeed academically					

<b>My recommendation for this individual for acceptance into a healthcare field (DMS) is:</b>	<b>Strongly Recommend</b>	<b>Recommend with reservations</b>	<b>Do not recommend</b>
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**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you wish to make additional comments, please feel free to write on the back of the form or a separate paper.  
Please mail to Misericordia University, Sonography Department, 301 Lake St. Dallas, PA 18612