



**College of
Southern
Idaho**

Department of Health Science and Human Services
397 North College Road, HSHS Building # 135
PO Box 1238
Twin Falls, Idaho 83303-1238
Phone: 208-732-6706 or 208-732-6715

Professional Reference for Applicants Surgical Technology or Surgical First Assisting

Name of applicant _____ Date _____
Program of study _____
(Surgical technology or surgical first assisting)

The applicant named above is a candidate for admission to the Surgical First Assisting or Surgical Technology program at the College of Southern Idaho. Please answer the following questions to the best of your ability and submit the reference **to the applicant** in a signed and sealed envelope or by mailing the reference to the address above. Feel free to use additional paper if you require extra space.

1. How long have you known the applicant and in what capacity?

2. Describe the applicant's ability to perform effectively in stressful and emergency situations. Please give an example.

3. Describe the applicant's ability to perform effectively and harmoniously as a team member.

4. Describe the applicant's leadership qualities.

5. Do you endorse this applicant as a suitable candidate for this program? Please comment.

Signature _____
Position _____
Address _____ Phone number _____