

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

| Ι, | , an applicant to the College of Southern Idaho |
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| | program, release the individual and the college from all claims or liabilities that might arise from the rmation on this reference inquiry. |
| Name of Applicar | it |
| Your comments w | ant is a candidate for admission to the College of Southern Idaho Dental Assistant program. Fill be considered confidential and will be used only by the faculty members to help them to arrive anding of the applicant. Your cooperation in completing and promptly returning this form will assist both the Department. |
| 1. How long have | e you known the applicant and in what capacity? |
| 2. What do you c | onsider the chief qualities indicating strength or weakness of the applicant? If possible, give illustrations. |
| 3. Do you place t | full confidence in the applicant's integrity? If not, please explain. |
| 4. Has the applica | ant, so far as you know, any characteristics which might limit success in this career? If so, please specify. |
| What experiena. Favorably | ce has the applicant had which might have influenced her/his development: |
| b. Unfavorabl | V |

| 6. | What experiences has she/he had which support | your answer? |
|----|--|--|
| | Additional comments: | |
| 7. | 7. To your knowledge how does the applicant respon | nd to stress? Use examples if needed. |
| | Please indicate whether or not you endorse this a for your answer. | pplicant as a suitable candidate for this program. Please give a reason |
| | Other comments you wish to make: | |
| | Endorse Endorse with enthusiasm | Do not endorse |
| | Signat | ure |
| | Position | on |
| | Addre | SS |
| | Date _ | |
| Pl | Please return this form directly to: | Tonja Bowcut Instructor/Program Director College of Southern Idaho P.O. Box 1238 |

Twin Falls, ID 83303-1238