

# REFERENCE FOR ADMISSION | 2020

## OPHTHALMIC TECHNICIAN PROGRAM



### TO THE APPLICANT

Name of Applicant (Mr.) (Mrs.) (Ms.): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

The Family Rights and Privacy Act of 1974 provide that certain educational records may be open to students at their request. The act also provides that in the case of recommendations, the institution may request, the student to waive his/her rights to read the confidential recommendations. By signing this form, I waive my right to review this document.

Signature: \_\_\_\_\_ Date of Request: \_\_\_\_\_

### TO THE REFERENCE

You have been requested by the above applicant to be a reference for his/her admission into the Ophthalmic Technician Program at Vanderbilt University Medical Center, Eye Institute. Your candid appraisal of this applicant is appreciated. Please fill out all requested information on this form and return this report along with a professional letter of reference on letterhead at your earliest convenience to the applicant in a sealed envelope with your signature across the seal for submission with his/her application.

To ensure privacy of this information, the Program suggests that you sign your name over the envelope seal prior to returning it to the applicant. Any reference received without this signature may warrant verification from the program.

Name of Reference: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ Relationship: \_\_\_\_\_

In what capacity do you know this applicant? \_\_\_\_\_

Please indicate the percentage of time you would say the following characteristics are displayed by the applicant:

**4**      **3**      **2**      **1**      **N/A**  
 100 %    75%    50%    <50%

Knowledge of and interest in the ophthalmic technician career					
Ability to deal with difficult situations					
Level of commitment to complete a task/goal					
Ability to work with others					
Sensitivity to others					
Ability to analyze a problem or situation					
Problem-solving skills					
Dependability					
Ability to communicate with others					
Ability to work independently					
Planning skills					
Organizational skills					
Confidence/awareness of strengths and weaknesses					
Punctuality/Ability to complete assignments by deadline					

Please provide any comments you wish to support or illustrate the applicant's traits or characteristics that may enhance or inhibit his/her future as a Medical Laboratory Scientist: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate your overall recommendation for the applicant's admission into the program:

- \_\_\_\_\_ Recommend strongly
- \_\_\_\_\_ Recommend with confidence
- \_\_\_\_\_ Recommend with reservation
- \_\_\_\_\_ Do not recommend

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form to the applicant in a sealed envelope with your signature along the seal. For further information about the Ophthalmic Technician Program at Vanderbilt University Medical Center, please visit our website at <https://www.vumc.org/ophthalmology/education> or you may contact us by phone 615-936-0133.