



# HHCRN Acute Care Residency Application: Reference Rating Form

Please complete the prompts below in addition to submitting a letter of reference – Thank You!

Reference Information	
Applicant Name	
Reference Name	
Reference Email	
Reference Phone Number	
Reference Occupation, Title	

## Supplemental Questions

1. How well do you know the applicant?
2. How long have you known the applicant?
3. How do you know the applicant? If “Other” is selected, please elaborate below.  
Other:
4. What Organization or Institution were you affiliated with when you interacted with the applicant?
5. May we contact you to further discuss this applicant should we have additional questions?

## Reference Ratings

Please rate the applicant on their demonstration of the following qualities:

Adaptability	
Conflict Resolution	
Ethics	
Intellectual Ability	
Interpersonal Relations	
Judgement	
Leadership	
Oral Communication	
Professional Demeanor	
Reaction to Criticism	
Reliability	
Self-Awareness	
Stress Management	
Written Communication	





***Would you recommend the applicant for admission to this residency program?***

Additional Comments if applicable:

