



Mercy Hospital St. Louis  
 School of Clinical Laboratory Science  
 615 S. New Ballas Road  
 St. Louis, MO 63141  
 314-251-6855

### Clinical Laboratory Science Program Reference Form

Applicant's Name (Please Print) \_\_\_\_\_

Date \_\_\_\_\_

**Applicant, Please check one:**

	I waive access to this reference form. It will be considered confidential.
	I do not waive access to this form.

Applicant's Signature \_\_\_\_\_

**Rating Scale:** 5 = Superior 1 = Unsatisfactory N/A = Not able to observe

	5	4	3	2	1	N/A		5	4	3	2	1	N/A
A. Expresses ideas clearly in writing							F. Accepts criticism constructively						
Uses proper grammar							Works cooperatively in a group/team						
Spells correctly							Promotes a pleasant atmosphere						
Displays legible handwriting							Demonstrates attendance/punctuality						
B. Expresses ideas verbally							Accountable for actions						
C. Follows direction							G. Completes tasks on time						
Manages time effectively							Admits mistakes willingly						
Organizes work							Incorporates constructive suggestions						
D. Demonstrates ability to solve problems							Works independently as required						
Applies critical thinking							Demonstrates self-confidence						
E. Deals effectively with others							H. Displays initiative (self-starter)						
Performs tasks with speed and accuracy							Completes tasks on time						

*Please continue on to page 2 of reference form.*

For CLS Program Use Only:
Date Received: _____

Would you recommend this applicant for a career in clinical laboratory science?  
 Yes    No    With Reservation  
 Please comment on your recommendation:

Would you approve of this applicant performing your laboratory testing?  
 Yes    No    With Reservation  
 Please comment:

Please provide a letter or recommendation or add any additional comments which would be helpful in our review of this applicant.

Signature \_\_\_\_\_

Position \_\_\_\_\_

Organization/Facility \_\_\_\_\_

Date \_\_\_\_\_

*Please provide information on your relationship with this candidate.*

	Instructor <input type="checkbox"/> Biology <input type="checkbox"/> Chemistry <input type="checkbox"/> Other:
	Employer   Company:
	Advisor: How long have you been advising this applicant? _____
	Other: How long have you known this applicant? _____

Please return completed form to:   Terry Taff , MA, MT(ASCP)SM  
 Program Director – School of Clinical Laboratory Science  
 Mercy Hospital St. Louis  
 615 S. New Ballas Road  
 St. Louis, MO 63141  
 Office 314-251-6855   Fax 314-251-4580  
 E-mail [Terry.Taff@mercy.net](mailto:Terry.Taff@mercy.net)