West Virginia University Institute for Community and Rural Health Physician Assistant Service Program

Recommendation Form

APPLICANT:

Please provide a copy of this form to two references:

1) 2)	an individual in the Division of Physician Assistant Studies (faculty, program director, or medical director) who can attest to your academic performance, clinical skills, and professionalism an individual (not a relative) who is knowledgeable about your clinical experience as a health professions student						
Applica	nt Name: (Last)	(First)	(Middle)				
	ant Waiver: I do I do no ons of the Family Education Ri		s to this recommendation, granted und	der the			
Signatu	re of Applicant		Date				
REFER	ENCE:						
Physicia		olarship Committee. The prog	used solely for evaluation by the WVL ram requires participants to practice a d area.				
	complete and return this 9009, Morgantown, WV 2650		.3 to: WVU Institute for Community awvu.edu	and Rural Health,			
1.	How long have you known the applicant?						
	In what specific capacity?						
2.	Evaluate the applicant according to the following criteria by checking the appropriate box.						

Characteristic	Excellent	Above Average	Average	Below Average	Unknown
Breadth of					
Knowledge					
Clinical					
Competence					
Professional					
Demeanor					
Interpersonal					
Skills					
Leadership					
Potential					
Communication					
Skills					
Ability to work in					
a team					
Community					
Service					

3. Does the applicant possess any special assets that	at should be noted? If yes, please describe:
4. How does the student's commitment to practice i	n a rural underserved area compare with that of other students?
5. Other Comments:	
Recommendation (check one)	
I highly recommend this applicant	I recommend this applicant, but with some reservation
I recommend this applicant	I am not able to recommend this applicant
Signature of Reference	Institution or Agency
Name of Reference, typed or printed	Mailing Address
Title	City State Zip Code