**West Virginia University Institute for Community and Rural Health**

**Dental Service Program**

**Recommendation Form**

**APPLICANT:**

Please provide a copy of this form to two references:

1) an official in the Dean’s office who can address your academic work, clinical skills and

 professionalism.

2) an individual (not a relative) who is knowledgeable about your clinical experience as a

 health professions student

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Last) (First) (Middle)

**Applicant Waiver:** I do ⁫ I do not ⁫ waive my right of access to this recommendation, granted under the

provisions of the Family Education Rights & Privacy Act of 1974.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

**REFERENCE:**

Your time and input are appreciated. This recommendation will be used solely for evaluation by the Institute for Community and Rural Health Scholarship Committee. The program requires participants to practice a minimum of one year in West Virginia in an eligible site, typically a rural underserved area.

**Please complete and return this form by December 13, 2019 to:** WVU Institute for Community and Rural Health, PO Box 9009, Morgantown, WV 26506

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 should be noted? If yes, please describe:

4. How does the student’s commitment to practice in 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