

# Peer Reference Form

**Please mail the completed form to:**  
 Informed Choice of Iowa  
 P.O. Box 2537 Iowa City, IA 52244  
 Attention: Application Process

If you have any questions regarding this form,  
 please contact us at (319) 337-0575 or email  
 Rachel@informedchoicesclinic.com

**Applicant's Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

The above named individual is submitting an application to work for or volunteer with Informed Choice of Iowa in one of their free medical clinics. Informed Choices Medical Clinics provide pregnancy and STD testing as well as other health services to clients free of charge. Information will be held in confidence, and your complete candor in responding to this inquiry is appreciated.

Your Name \_\_\_\_\_ Title: \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

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

What is your professional relationship with the applicant? \_\_\_\_\_

**Please describe your knowledge of the candidate's professional competence:**

	Excellent	Good	Fair	Poor	No Knowledge	Comments
Competence / Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Compassionate Patient Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sense of Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Motivation, Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperativeness / Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Ethics / Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Additional information about the applicant you feel should be taken into consideration.**

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**Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_