

Professional 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 rate the applicant in relation to others of the same professional experience.

	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"/>	
Leadership Skills	<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"/>	

Please provide a narrative evaluation of the applicant's ability to follow protocol and perform at a high level during patient care involving challenging clients whose values may conflict with his/her own.

Please use the back of this form to convey any additional information about the applicant you feel should be taken into consideration.

Signature: _____ **Printed Name:** _____ **Date:** _____