



Reference Form

To be completed by the applicant

Full Name: _____
Last _____ First _____ M.I. _____

Current Address: _____
Street Address _____ Apartment/Unit # _____

City _____ State _____ ZIP Code _____

I waive the right to view this document in my file.

I retain the right to view this document in my file.

To be completed by the reference – Due by June 15, 2026

The applicant above has selected you as a reference for admission to the program. Please complete this form and return by email to: Bailey Hicks, MEd, MLS(ASCP)CM, Program Director, School of Medical Laboratory Science at bailey.hicks@dhha.org. Completed form must be received by June 15, 2026. Reference must send the completed form; will not be accepted from the applicant.

Full Name: _____

Title: _____

Institution/Facility: _____

How long have you known the applicant? _____

Place a check mark in the column below that best describes each attribute of the applicant:

	Excellent	Above Average	Average	Below average	No opportunity to observe
Dependability/Attendance					
Ability to work independently					
Communication skills					
Maturity					

	Excellent	Above Average	Average	Below average	No opportunity to observe
Emotional Intelligence					
Initiative/Motivation					
Integrity					
Organizational Skills					
Leadership Ability					
Ability to problem solve/make decisions					
Self-confidence					
Cooperation/teamwork					
Laboratory skills					
Potential as compared to peers					

Please use the space below, or provide an attached page, to further describe or provide additional observations or comments, including whether you would recommend this applicant for the program.

Reference Signature

Signature: _____ Date: _____

Complete this form and return by email, no later than June 15, 2026, to: Bailey Hicks, MEd, MLS(ASCP)^{CM}, Program Director, School of Medical Laboratory Science, bailey.hicks@dhha.org