

CONFIDENTIAL REFERENCE

for **Certified Dental Assistant** applicants
(volunteer/work experience)

To the applicant: Complete this section before forwarding form to the referee.

Your name

Previous surname (if applicable)

To be completed by the referee:

1. Please identify the applicant's **length of employment** or **number of volunteer hours**: _____
2. Briefly describe the duties the applicant performed for your institution: _____

3. Please indicate with an **X** your rating of the applicant.

	Excellent	Average	Below Average	No basis to comment
Attendance/reliability				
Punctuality				
Communication				
Working with others				
Teamwork				
Initiative				
Independent thinking				
Takes direction				

4. Please indicate your recommendation of this applicant for admission to the program indicated above and support your recommendation with comments and/or examples where appropriate.

Highly recommend
 Recommend
 Recommend with reservations
 Do not recommend

Comments: _____

Referee's name

Title

Institution

Phone

Address

Please return form directly by email or fax to:

City

Postal code

School of Health Studies
 University of the Fraser Valley
 45190 Caen Avenue
 Chilliwack, BC V2R 0N3

Signature

Date

healthstudies@ufv.ca

Tel: 604-795-2840 | **Fax:** 604-858-4773