

## Lackawanna College Surgical Technology Program Professional Reference Form

### REFERENCE CANNOT BE FROM A FAMILY MEMBER OR CLOSE PERSONAL FRIEND

**To the Applicant:** It is recommended that you provide each reference with a copy of this reference form. If you must provide your references with a physical copy, it is further recommended that you provide each reference with a pre-addressed, stamped envelope with this form. Pre-address the envelope with the address listed below.

**To the Reference:** This individual is applying to Lackawanna College's Surgical Technology program. This program is rigorous and requires 24 months to complete, including hands-on training in the field of surgical technology. Upon completion of the program, the applicant will be a healthcare professional. Please honestly and objectively answer the questions below and provide a statement regarding the applicant to help us determine their likelihood for success in our Surgical Technology program. We want our students to do well, and a poor fit between the applicant and the program does not facilitate success.

**Your form may be returned digitally to [SurgicalTechAdmissions@lackawanna.edu](mailto:SurgicalTechAdmissions@lackawanna.edu) or in a sealed envelope with your signature evident across the seal. Please return this form directly to the following address:**

**Lackawanna College Surgical Technology Program  
c/o Admissions Department  
501 Vine Street  
Scranton, PA 18509**

<b>Name of Applicant</b>	
<b>Name of Reference</b>	
<b>Reference Phone Number</b>	
<b>Relationship to Applicant</b>	
<b>Relative or Close Personal Friend of Applicant?</b>	<b>Yes      No</b>
<b>How long have you known the applicant?</b>	
<b>In what capacity have you known the applicant?</b>	

Please rate the applicant in the following areas.

#### 1. How do you rate the applicant's ability to communicate with others?

Very Poor

Below Average

Average

Above Average

Excellent

Unable to Assess

Examples:

**2. How do you rate the applicant's organizational skills?**

Very Poor      Below Average      Average      Above Average      Excellent      Unable to Assess

Examples:

**3. How do you rate the applicant's stress management skills?**

Very Poor      Below Average      Average      Above Average      Excellent      Unable to Assess

Examples:

**4. How do you rate the applicant's ability to work independently?**

Very Poor      Below Average      Average      Above Average      Excellent      Unable to Assess

Examples:

**5. How do you rate the applicant's ability to work with others?**

Very Poor      Below Average      Average      Above Average      Excellent      Unable to Assess

Examples:

**6. How do you rate the applicant in terms of punctuality and reliability?**

Very Poor      Below Average      Average      Above Average      Excellent      Unable to Assess

Examples:

**7. How do you rate the applicant's ability to make a long-term commitment to our program?**

Very Poor      Below Average      Average      Above Average      Excellent      Unable to Assess

Examples:

**After rating the prospective Surgical Technology candidate, please take a moment to think about the qualities you look for in a healthcare provider when you need medical care. Please provide a statement describing the best quality or qualities you feel this applicant possesses to be successful as a medical professional. Submit the complete document using the methods outlined on the first page of this document.**