



**Morristown
Medical Center**
ATLANTIC HEALTH SYSTEM

**Morristown Medical Center
School of Cardiovascular Technology
at Gagnon Cardiovascular Institute**
100 Madison Avenue, PO Box 1956
Morristown, NJ 07962-1956
973-971-5096

As part of the selection process, the School of Cardiovascular Technology requires the applicant to request three letters of recommendation from persons familiar with their work, academic and/or personal characteristics. Please complete the following form. All information will be treated confidentially. Letters of recommendation should be sent directly to the School of Cardiovascular Technology. Your honest response is greatly appreciated.

Name of Applicant: _____

In what capacity do you know this applicant? _____

How many years? _____

Please evaluate the applicant by placing a check in the corresponding space on the rating scale.

4 = Excellent 3 = Above Average 2 = Average 1 = Below Average 0 = Poor

Area of Evaluation	4	3	2	1	0
1. Verbal Communication					
2. Written Communication					
3. Problem Solving Skills					
4. Organizational Qualities					
5. Takes Initiative					
6. Accepts Responsibility					
7. Ability to Work with Others					
8. Works Independently					
9. Self Confidence					
10. Stress Management					
11. Tact and Consideration					
12. Personal Appearance					

13. Please identify one positive attribute of the candidate. Provide an example which illustrates this attribute.

14. Please identify one weakness the candidate possesses. Provide an example which illustrates this weakness.

15. Please provide any additional comments which can contribute to the candidate's application:

Name (Please Print)

Signature

Address

City/State/Zip Code

Telephone Number