



Reference Form

Instructions: Please complete this form, sign it and send the original and 2 copies to:

Jennifer Koenig, MA, CCMEP
Director of Education & Special Projects
NPHF - Program Office
56 Robert Dennis Drive / Milford, CT 06461
jkoenig@nphealthcarefoundation.org

Reference forms may be sent separately by the reference or mailed along with the full application.
This form may be handwritten if necessary.

Applicant: _____

Name of Reference: _____

Signature: _____ Title: _____

Relationship to the Applicant: _____

Please rate the applicant on each of the characteristics listed below.

- Scale: 1 = not a strength
- 2 = a growing skill for this applicant
- 3 = a strong characteristic
- 4 = a very strong characteristic

Professional Knowledge	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Initiative	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Creativity & Innovation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Leadership	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Interpersonal Skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Teaching Others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

In a brief statement please describe your understanding of the applicant’s clinical and/or research interests in gastroenterology while in school (200 words or less).

Applicant Name: _____