LETTER OF RECOMMENDATION FORM

Please email/mail/fax this form when completed to:

AMCoFH @ PIHMA CPED Jyl Steinback
301 E. Bethany Home Road, Suite A-100, Phoenix AZ 85012
Fax: 602-274-1885 Email: Jsteinback@pihma.edu

Applicant:
Please complete this portion of the form before submitting to the evaluator:

_____ I waive my right to view the contents of this letter. I understand that the decision itself will not affect the decision of the Admissions Committee.

_____ I do not waive my right to view the contents of this letter. I understand that the decision itself will not affect the decision of the Admissions Committee.

Note: All AMCoFH @ PIHMA CPED applicants for the practitioner program are required to provide us with two references. These should come from people who know you well and can attest to your character, intellect, interests and general suitability for the program you are choosing. They should not be from family members or personal friends.

Applicant Printed Name ___________________________ Applicant Signature ___________________________ Date ___________________________
Evaluator:
Please complete this portion.

Evaluator’s Name: ________________________________

Institution/Company: ________________________________

Position: ________________________________

Address: ________________________________

Phone Number: ________________________________

Email: ________________________________

Relationship to Applicant: ________________________________

How Well Do You Know the Applicant? ________________________________

How Long Have You Known the Applicant? ________________________________

In comparison with other students and professionals you have known, how would you rate the applicant in terms of:

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Not Observed</th>
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<tbody>
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<td>Ability to work independently</td>
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<td>Capacity to handle stress</td>
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<td>Clear interpersonal boundaries</td>
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<td>Conceptual ability</td>
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<td>Conscientiousness</td>
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<td>Creative innovating thinking</td>
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<td>Dependability</td>
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<td>Empathy</td>
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<td>Integrity</td>
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<td>Intellectual ability</td>
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<td>Maturity of judgment</td>
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<td>Open Mindedness</td>
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<td>Productivity</td>
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Receptivity to criticism
Speaking skills

Please comment on any of these categories that you think would be helpful in assessing the applicant's qualifications for the program.

Do you have any information related to the applicant's personal characteristics that should be considered by the Admissions Committee in assessing the student's capacity to succeed in graduate study and professional work?

Overall Recommendation:
Please Select One:

[ ] Recommend Most Highly
[ ] Strongly Recommend
[ ] Recommend
[ ] Recommend with Some Reservations
[ ] Do Not Recommend

Evaluator's Signature: __________________________________________________________

Date: ____________________________