



AMCoFH
AT
PIHMA
Center for Professional
Education & Development

LETTER OF RECOMMENDATION FORM

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

AMCoFH @ PIHMA Center for Professional Education & Development
Whittni Grubaugh Homeopathic Program Coordinator
301 E. Bethany Home Road, Suite A-100, Phoenix AZ 85012
Fax: 602-274-1885 Email: msimmons@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

Letter of Recommendation Form

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:

<u>Characteristic</u>	<u>Excellent</u>	<u>Very Good</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Not Observed</u>
Ability to work independently						
Capacity to handle stress						
Clear interpersonal boundaries						
Conceptual ability						
Conscientiousness						
Creative innovating thinking						
Dependability						
Empathy						
Integrity						
Intellectual ability						
Maturity of judgment						
Open Mindedness						
Productivity						

Letter of Recommendation Form

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: _____