



**Sanford Arts  
Arts in Healthcare Internship  
Professional Reference Form**

Recommender Name:	Applicant Name:
Telephone:	Email Address:
University/College:	Time known applicant (mm/yy):
Relation to applicant:	
Signature:	Date:
Best time to contact: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> AM <input type="checkbox"/> PM	

**Directions:** Please rate the applicant using the 1-10 scale, with ten as the highest rating possible. In the following text field, please provide an explanation which supports the rating. Sign the completed form and return to Jessie Park | 1305 W 18th Street | Route #6881 | Sioux Falls, SD | 57104 or e-mail a scanned copy to [Jessie.Park@SanfordHealth.org](mailto:Jessie.Park@SanfordHealth.org)

Please rate the applicant's abilities:

<i>Ability to work on a team, collaborating closely on projects.</i>											
Lowest											Highest
1	2	3	4	5	6	7	8	9	10	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:											

Sanford does not discriminate against any applicant to an internship position because of race, gender, religious preference, sexual orientation, disability, or age. Sanford Health complies with all laws pertaining to non-discrimination and equal opportunity employment.

<i>Receptivity to constructive criticism.</i>												
Lowest											Highest	
	1	2	3	4	5	6	7	8	9	10		N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Notes:												

<i>Maturity in the work place or academic environment.</i>												
Lowest											Highest	
	1	2	3	4	5	6	7	8	9	10		N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Notes:												

<i>Academic abilities including assessment of current literature.</i>												
Lowest											Highest	
	1	2	3	4	5	6	7	8	9	10		N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Notes:												

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<i>Leadership capabilities and qualities.</i>											
Lowest											Highest
	1	2	3	4	5	6	7	8	9	10	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:											

<i>Ability to remain flexible (in any situation).</i>											
Lowest											Highest
	1	2	3	4	5	6	7	8	9	10	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:											

<i>Please rate the applicant's compassion and willingness to serve others.</i>											
Lowest											Highest
	1	2	3	4	5	6	7	8	9	10	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:											

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Please use the remaining space to include any final thoughts or comments and then sign.

Signature: \_\_\_\_\_ Date: (MM/DD/YYYY) \_\_\_\_\_

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