To Whom It May Concern:

You have been asked to write a letter of recommendation for the following applicant:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you were able to observe and /or judge the following traits, please address these in your letter:

* *Dependability / attendance*
* *Team player / cooperation*
* *Emotional control (ability to work under stress)*
* *Decision – making ability*
* *Determination / motivation*

Also, please fill out the attached form. You may send the form and letter to the below address or email directly to the Program Director:

**Prisma Health-Richland**

**Medical Laboratory Science Program – Laboratory**

**Attention: Delketria Drayton**

**5 Medical Park, 2nd Floor**

**Columbia, SC 29203**

Thank you for taking the time to write this letter of recommendation. Please feel free to contact me if you have any questions or concerns. My phone number is (803) 434-2026.

Sincerely,

Delketria Drayton MBA, MLS, ASCPcm

Program Director, Medical Laboratory Science Program

Prisma Health

5 Medical Park, 2nd Floor

Columbia, SC 29203

[delketria.drayton@prismahealth.org](mailto:delketria.drayton@prismahealth.org)

**APPLICANT RECOMMENDATION FORM**

**PRISMA HEALTH MEDICAL LABORATORY SCIENCE PROGRAM**

Applicant’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* In what capacity have you been associated with the applicant?

\_\_\_ as one of my students

\_\_\_ as one of my subordinates at work

\_\_\_ as a peer in a work situation

\_\_\_ as a friend

\_\_\_ other capacity (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* How well do you know the applicant?

\_\_\_ very well

\_\_\_ fairly well

\_\_\_ slightly

* How long have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Has this applicant required tutoring, had to retake exams, or otherwise had difficulty in courses? \_\_\_ Yes \_\_\_No \_\_\_ Not applicable. If yes, please explain.
* Do you have any reason to question this applicant’s honesty or integrity?

\_\_\_Yes \_\_\_No. If yes, please explain.

* How would you feel about having this applicant in a responsible position under your direction?

\_\_\_ definitely would want him/her

\_\_\_ would be satisfied to have him/her

\_\_\_ definitely would not want him/her

\_\_\_ unable to judge

**Evaluator signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**May we contact you to verify this recommendation? \_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_No**