



The Shadowing Experience Program Reference Form

The Shadowing Experience Program supports students with limited clinical exposure by offering shadowing hours, clinical skills training, and volunteer opportunities. Please complete this form and submit it on behalf of the applicant to prehealth@vidamobileclinic.org. The reference form will be confidential.

Applicant's Name: _____

Reference First and Last Name: _____

Title: _____ **Email:** _____

How long have you known the applicant: _____

What is your professional relationship with the applicant: _____

Please rate the applicant in the following areas of consideration.

	Exceptional	High	Average	Low	Weak
Communication and interpersonal skills					
Motivation to pursue a career in healthcare					
Professionalism and ethics					

Should the applicant be considered for The Shadowing Experience Program?

- ☐ Yes
☐ No

Additional comments:

Please send your completed form to prehealth@vidamobileclinic.org.