

Reference Form
MEDEX Northwest Physician Assistant Studies

1/3

Applicant Instructions:

Three references are required to complete your application and CASPA will accept only three references for each applicant. You have the option of submitting one additional reference directly to **MEDEX Northwest**. Consider requesting references from individuals who know you well and can comment on your suitability and preparation for a health care career and your academic preparation. Such individuals might include physicians, PA's or other health care providers and academicians.

Please complete the following information and furnish a copy of this form to your designated reference if you choose to submit an additional reference directly to **MEDEX Northwest**.

Provide a stamped envelope to each reference addressed to:

MEDEX Northwest
ATTN: Admissions:
4311 11th Ave NE, suite 200, Seattle, WA 98105-4608

Applicant (print or type):

Name

CASPA ID #

References written in confidence are often of greater value in assessing an applicant's qualifications. Please read the statement below and indicate your preference with regard to the confidentiality of this evaluation.

In accordance with the Family Education Rights and Privacy Acts of 1974 (Public Law 93-380), I understand that I have the right of access to this reference but may choose to waive that right. My preference is noted below:

I waive my right of access to this reference form and accompanying letter.

I do not waive my right of access to this reference form and accompanying letter.

Applicant's signature: _____ Date: _____

Reference Form
MEDEX Northwest Physician Assistant Studies

Applicant (print or type):

 Name CASPA ID #

Evaluator Instructions:

Please complete the following information along with Parts I and II of this reference form and return directly to MEDEX Northwest in the stamped-envelope provided by the applicant. **Sign the envelope on the back across the sealing flap.**

Name: _____ Occupation: _____

Address: _____
Street City State Zip

Phone: _____
Daytime Phone

Email: _____

How long have you known the applicant _____

In what capacity? _____

Employer Supervisor Co-worker Student

Other _____

PART I: Please indicate your evaluation of the applicant with a check mark.

	Superior 5	4	Average 3	2	Below Average 1	Not Observed
Intellectual Ability						
Communication skills						
Emotional maturity						
Adaptability						
Team Player						
Dependability						
Conflict resolution						
Patient Interaction						
Awareness of limitations						
Reaction to criticism						
OVERALL EVALUATION						

Reference Form
MEDEX Northwest Physician Assistant Studies

3/3

Applicant (print or type):

Name

CASPA ID #

Summary Evaluation:

- Recommend without Reservation
- Recommend
- Recommend with Reservation
- Do not Recommend

Signature: _____ Date: _____

PART II: Letter of Reference

Personal references are a valued and an integral part of the admissions process. Physician assistant programs seek individuals who have the potential for success in a rigorous educational program and possess the personal attributes required to become a competent and compassionate health care professional.

Please submit a **letter of reference on professional letterhead** for the above named applicant.

- Comment on their motivation and how well suited they are for the role of a health care provider.
- Consider the qualities in the grid above as well as integrity, ability to work with others, commitment, and cultural sensitivity.

Your candid evaluation of the applicant will be of significant value and is appreciated.