



# Cytotechnology Program

## APPLICANT RECOMMENDATION FORM

APPLICANT NAME \_\_\_\_\_ DATE \_\_\_\_\_

Cytotechnology is the microscopic study of cells from body tissues to discern minute alterations and differentiate normal from abnormal cells. It is an applied science that demands diligence and attention to detail. Cytotechnologists must continually make decisions based on their interpretation of cell patterns, which can have great significance to patients. Are you familiar with the field of cytotechnology?

Yes

No

**PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY:**

• What is your association with the applicant, and how well do you know him/her? If you instructed the applicant, briefly describe the course(s).

• Listed below are some desirable qualities of a cytotechnologist. Please rate the applicant on each item.

QUALITY	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	DO NOT KNOW
Sense of responsibility					
Ability to work independently (self-discipline)					
Ability to work with others (cooperation)					
Motivation (interest, commitment)					
Integrity (honesty)					
Manual dexterity					
Curiosity and imagination					
Ability to accept constructive criticism (profit from evaluation)					
Maturity (common sense, seriousness, decision-making)					
Positive attitude (ability to cope with obstacles and delays)					
Leadership potential (peer esteem)					
Written communication skills (spelling, grammar, punctuation)					
Oral communication skills (expression, questions)					
Personal appearance (grooming, appropriate attire)					
Flexibility (ability to adjust easily to new situations)					

• What strengths or special qualifications does the applicant have?

• What shortcomings or limitations may affect the applicant's performance?

• If the applicant were applying for a position under your supervision, would you hire her/him?

• If desired, please provide additional pertinent information or comments regarding the applicant's abilities and potential for success in the Cytotechnology Program.

• Overall evaluation:

Recommended as outstanding

Recommended with reservation

Strongly recommended

Not recommended

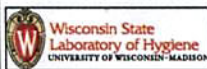
Recommended

PLEASE PRINT

Name of Evaluator \_\_\_\_\_ Position \_\_\_\_\_

School or Organization \_\_\_\_\_

Department \_\_\_\_\_ Phone \_\_\_\_\_



\_\_\_\_\_  
Signature

**PLEASE SEND TO:**  
Cytotechnology Program • Wisconsin State Lab of Hygiene  
465 Henry Mall • Madison, WI 53706-1578

Upload letter of recommendation  
Submit without attachments