

**West Virginia University Institute for Community and Rural Health**

**Dental Service Program**

**Recommendation Form**

**APPLICANT:**

Please provide a copy of this form to two references:

- 1) an official in the Dean’s office who can address your academic work, clinical skills and professionalism.
- 2) an individual (not a relative) who is knowledgeable about your clinical experience as a health professions student

Applicant Name: \_\_\_\_\_  
(Last) (First) (Middle)

**Applicant Waiver:** I do  I do not  waive my right of access to this recommendation, granted under the provisions of the Family Education Rights & Privacy Act of 1974.

\_\_\_\_\_  
Signature of Applicant Date

**REFERENCE:**

Your time and input are appreciated. This recommendation will be used solely for evaluation by the Institute for Community and Rural Health Scholarship Committee. The program requires participants to practice a minimum of one year in West Virginia in an eligible site, typically a rural underserved area.

**Please complete and return this form by December 13, 2024 to:** WVU Institute for Community and Rural Health, PO Box 9009, Morgantown, WV 26506 or by email to [avestal@hsc.wvu.edu](mailto:avestal@hsc.wvu.edu).

- 1. How long have you known the applicant? \_\_\_\_\_  
In what specific capacity? \_\_\_\_\_
- 2. Evaluate the applicant according to the following criteria by checking the appropriate box.

<b>Characteristic</b>	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Unknown</b>
Breadth of Knowledge	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Competence	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional Demeanor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Interpersonal Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Leadership Potential	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication Skills	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to work in a team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Community Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Does the applicant possess any special assets that should be noted? If yes, please describe:

4. How does the student's commitment to practice in a rural underserved area compare with that of other students?

5. Other Comments:

**Recommendation (check one)**

I highly recommend this applicant

I recommend this applicant, but with some reservation

I recommend this applicant

I am not able to recommend this applicant

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Institution or Agency

\_\_\_\_\_  
Name of Reference, typed or printed

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Title

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code