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 12, 2025 to: WVU Institute for Community and Rural Health, PO Box 9009, Morgantown, WV 26506 or by email to 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.

Characteristic	Excellent	Above Average	Average	Below Average	Unknown
Breadth of Knowledge	◯	◯	◯	◉	◯
Clinical Competence	◯	◯	◯	◉	◯
Professional Demeanor	◯	◯	◯	◉	◯
Interpersonal Skills	◯	◯	◯	◉	◯
Leadership Potential	◯	◯	◯	◉	◯
Communication Skills	◯	◯	◯	◉	◯
Ability to work in a team	◯	◯	◯	◉	◯
Community Service	◯	◯	◯	◉	◯

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