THE GRADUATE PROGRAM FOR MEDICAL DEVICE QUALITY MANAGEMENT

PROFESSIONAL REFERENCE

The OrthoWorx Center for Excellence in Orthopaedics at Grace College
ATTN: Allyn Decker · 200 Seminary Drive · Winona Lake, IN 46590
Toll-Free: 855.267.6722 · Fax: 574.372.5120
On the Web: www.grace.edu/mdqm
To Be Completed by Applicant (please print)

Last Name ______________________________________  First ___________________  Middle _______________________
Address _______________________________________________________________________________________________________________________________
City ______________________________________________________________  State _____________________________  ZIP _________________________

I waive any right of access to see the completed recommendation, knowing that this waiver is not required as a condition for admission.

Signature ___________________________________________________________________________  Date _________________________________________

To the Applicant: Please give this form to the reference, who will return it directly to the address on page 2.

NOTE: Your application will not be evaluated until this reference is received.

To Be Completed by Reference Person (please print)

Last Name ______________________________________  First ___________________  Middle _______________________
Address _______________________________________________________________________________________________________________________________
City ______________________________________________________________  State _____________________________  ZIP _________________________
Title/Position __________________________________________________________________________________________________________________________
Telephone ___________________________________________________

Please indicate your association or contact with the applicant (check all that apply):

☐ I have known the applicant for _____ years.  ☐ I have observed the applicant’s service at work.
☐ I have had only casual contact with the applicant.  ☐ Other ___________________________

Please Indicate Your Perception of the Applicant

This information is treated confidentially and is used in evaluating the applicant. We value your comments and ask that you give a full and candid report so that fair consideration may be given to the applicant.

Clarity of Goals

Has a clear sense of direction in pursuit of goals
Has the support of his or her spouse

Industry

Demonstrates the effort necessary to achieve goals
Expends effort and energy wisely
Foresees problems realistically
Approaches problems in a constructive manner
Accepts well-meaned criticism and uses it constructively
Demonstrates openness regarding personal feelings

Ability To Think Critically

Shows insight in identifying problems
Utilizes relevant resources in solving problems

Financial Responsibility

Shows responsibility in money matters (credit, etc.)

Interpersonal Relationships

Participates willingly and effectively in a group
Shows leadership ability when the occasion permits
Relates with others in a meaningful way
Demonstrates a teachable spirit or attitude
Demonstrates genuine concern for others
### Initiative and Creativity

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<th>Good</th>
<th>Superior</th>
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- Reflects originality in approaching problems
- Recognizes and accomplishes necessary tasks

### General Impressions

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- Generally acceptable in personal appearance
- Socially acceptable in personal habits
- Well accepted by associates
- Possesses a wholesome attitude toward others
- Displays common sense
- Displays emotional stability

### Skill in Communication

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- Speaks clearly and effectively
- Expresses ideas clearly in writing
- Accurately and effectively interprets the ideas of others

### Personal and Intellectual Integrity

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- Accurately appraises strengths and weaknesses
- Pursues goals ethically and conscientiously
- Displays moral integrity
- Demonstrates reliability

What is your overall evaluation of this applicant?

Do you know of any views that would make it difficult for the applicant to be a part of the Grace Graduate School community?  ☐ Yes  ☐ No

If yes, please explain.

Has there ever been any evidence of criminal or social problems?  ☐ Yes  ☐ No

If yes, please give particulars.

I recommend this applicant for graduate studies for Medical Device Quality Management:

☐ Enthusiastically  ☐ Strongly  ☐ With average expectations  ☐ With reservation  ☐ Not recommended

☐ I prefer to discuss this further. Please call me at this telephone number during the daytime: ____________________________

Signature ____________________________________________  Date ___________________________________________

Please mail or fax this completed form to:

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200 Seminary Drive • Winona Lake, Indiana 46590  
Telephone: 855.267.6722 or 574.372.5100 ext. 6509 • Fax: 574.372.5120