

**Applicant Reference Form**

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The applicant above has identified you as a professional reference for their application for a residency position at the Training and Counseling Center at St. Luke’s. Your comments and feedback will be taken into consideration in conjunction with our interviewing process, and in guiding the applicant’s training if accepted.

A rating of 1 is at the low end of the spectrum and 5 is the highest for this scale. Please feel free to indicate “unknown” (if you feel you do not have enough information about the applicant).

***Please rate the following using a Rating (1-5): 1= the applicant does not display this behavior; 2= poor; 3= fair; 4= good; 5= excellent***

1. Applicants capacity to conceptualize significant ideas, and express self verbally.
2. Applicants capacity to exercise emotional control, manage stress, practice self-care, and maintain good relationships with peers/colleagues.
3. Applicants capacity to relate genuinely and amicably with others, to be honest and elicit trust from others, to work as a member of a team.
4. Applicant pays attention and exhibits sensitivity to realities of diversity, concern for social issues.
5. Applicant’s ability to inspire others, maintain their confidence, take responsible risks.
6. Applicant can be counted on to keep commitments in a timely manner, capacity to solve problems creatively and effectively.
7. Applicant has the capacity to understand other persons’ thought, feelings, and behaviors, ability to convey such understanding.
8. Applicant’s overall potential as a therapist.

Please share how long and under what circumstance you have known the applicant.

Please add any information you consider important that has not been addressed thus far.

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this reference in a sealed envelope to the applicant, or you can email info@taccatstlukes.com, or mail completed form to:

Training and Counseling Center at St. Luke’s

Attn: Clinical Director, Nineshia Mont-Reynaud

435 Peachtree St. NE

Atlanta, GA 30308