



Mercy Medical Explorers – Mercy Springfield

Letter of Recommendation

To Whom It May Concern:

_____ is applying for membership into the Mercy Springfield Medical Explorers Program. Medical Explorers is a program that provides students interested in the healthcare field the opportunity to interact with and learn from other healthcare professionals. You have been selected by the student to provide a reference. Please provide the following information:

Name: _____ Contact phone number: _____

Occupation: _____

Relationship to student: _____

How long have you known this student? _____

Please rate on a scale from 1 (lowest) to 5 (highest) within the following areas:

Responsibility & Maturity	1	2	3	4	5
Eagerness to Learn	1	2	3	4	5
Effective Listening Skills	1	2	3	4	5
Interest in Healthcare	1	2	3	4	5

Why would you recommend this student for the Medical Explorers Program? (Please use the attached sheet if necessary).

Reference Signature: _____ Date: _____

Thank you for completing this reference. Please email the completed letter to SPRGMedicalExplorers@mercy.net

ALL RECOMMENDATIONS ARE KEPT CONFIDENTIAL



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