



**DENVER  
HEALTH™**  
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**Denver Health School of  
Medical Laboratory Science**

Medical Laboratory  
777 Bannock Street, MC 0224  
Denver CO, 80204

**Reference Form**

**To be completed by the applicant**

Full Name: \_\_\_\_\_  
*Last First M.I.*

Current Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

- I waive the right to view this document in my file.
- I retain the right to view this document in my file.

**To be completed by the reference – Due by June 15, 2025**

The applicant above has selected you as a reference for admission to the program. **Please complete this form and return by email to: Bailey Hicks, MEd, MLS(ASCP)<sup>CM</sup>, Program Director, School of Medical Laboratory Science at [bailey.hicks@dhha.org](mailto:bailey.hicks@dhha.org) Completed form must be received by June 15, 2025. Reference must send the completed form; will not be accepted from the applicant.**

Full Name: \_\_\_\_\_

Title: \_\_\_\_\_

Institution/Facility: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Place a check mark in the column below that best describes each attribute of the applicant:

	Excellent	Above Average	Average	Below average	No opportunity to observe
<b>Dependability/Attendance</b>					
<b>Ability to work independently</b>					
<b>Communication skills</b>					
<b>Maturity</b>					

	Excellent	Above Average	Average	Below average	No opportunity to observe
Emotional Intelligence					
Initiative/Motivation					
Integrity					
Organizational Skills					
Leadership Ability					
Ability to problem solve/make decisions					
Self-confidence					
Cooperation/teamwork					
Laboratory skills					
Potential as compared to peers					

Please use the space below, or provide an attached page, to further describe or provide additional observations or comments, including whether you would recommend this applicant for the program.

**Reference Signature**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complete this form and return by email, **no later than June 15, 2025**, to: Bailey Hicks, MEd, MLS(ASCP)<sup>CM</sup>, Program Director, School of Medical Laboratory Science, [bailey.hicks@dhha.org](mailto:bailey.hicks@dhha.org)