

West Virginia University Institute for Community and Rural Health

Medical 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 February 6, 2026 to: WVU Institute for Community and Rural Health, PO Box 9009, Morgantown, WV 26506 or by email to avest@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

☐ I recommend this applicant, but with some reservation

☐ 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