

**HEALTH INFORMATION ADMINISTRATION PROGRAM**  
**College of Health and Human Sciences - School of Health Sciences**  
**Western Carolina University - Cullowhee, NC 28723**

**REFERENCE FORM**

\_\_\_\_\_  
 Name of HIA Applicant

\_\_\_\_\_  
 Name of Recommender

**To The Applicant:** Please print your name and the name of the person you are asking for a reference in the space above. Federal law entitles students to see their records including letters of recommendation, unless a specific waiver is signed. **(Please indicate your preference below.)**

|  |               |
|--|---------------|
| <b>CONFIDENTIALITY STATEMENT</b>   |               |
| 1. I do not waive my right to see letters of recommendation, but expressly reserve this right.                                 |               |
| _____<br>Signature   | _____<br>Date |
| 2. I hereby waive my right to see any and all letters of reference that may concern me and are a part of my personnel records. |               |
| _____<br>Signature   | _____<br>Date |

**Introducing Health Information Administrators:** HIAs manage healthcare data and information resources, while protecting privacy and security of patient health information. The profession encompasses planning, collecting, aggregating, analyzing, and disseminating individual patient and aggregate clinical data. Successful individuals are extremely accurate and pay close attention to details, have good judgment and organizational skills. They have strong written and oral communication skills, are team players, and work well under pressure

**To The Recommender:** The above named person has applied for admission to the Health Information Administration Program at Western Carolina University. Your frank and objective appraisal will assist the Selection Committee in evaluating the applicant.

**Please Return To:**

**Mary Teslow, MLIS RHIA**  
**Health Information Administration Program**  
**College of Health and Human Sciences**  
**121 Moore**  
**Western Carolina University**  
**Cullowhee, NC 28723**  
**(828) 227-3513**  
**mteslow@email.wcu.edu**

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

Position: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

1. In what capacity and how well do you know this applicant? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. If you previously employed this individual, is there any reason that you would not consider reemployment?  
 No: \_\_\_\_\_ Yes: \_\_\_\_\_ Not Applicable: \_\_\_\_\_

If the answer to any of the above questions was yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Please check the rating in each item you think most accurately describes the applicant:

| <b>Rating</b>                       | <b>Not Observed</b> | <b>Poor</b> | <b>Below Average</b> | <b>Average</b> | <b>Above Average</b> | <b>Superior</b> |
|-------------------------------------|---------------------|-------------|----------------------|----------------|----------------------|-----------------|
| Attention to detail                 |                     |             |                      |                |                      |                 |
| Communication skills                |                     |             |                      |                |                      |                 |
| Math skills                         |                     |             |                      |                |                      |                 |
| Reliability                         |                     |             |                      |                |                      |                 |
| Initiative                          |                     |             |                      |                |                      |                 |
| Acceptance of responsibility        |                     |             |                      |                |                      |                 |
| Ability to accept criticism         |                     |             |                      |                |                      |                 |
| Ability to work in teams            |                     |             |                      |                |                      |                 |
| Ability to work independently       |                     |             |                      |                |                      |                 |
| Ability to maintain confidentiality |                     |             |                      |                |                      |                 |
| Leadership                          |                     |             |                      |                |                      |                 |

4. Please elaborate further or give examples of the abilities of the applicant in the above areas; note both strengths and weaknesses.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Please provide any other information that you feel would be significant to the Selections Committee in the evaluation of this applicant's qualifications.

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6. I ( ) highly recommend ( ) recommend ( ) recommend with reservations ( ) do not recommend this applicant. (If there are reservations, please explain.)

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