

Asheville-Buncombe Technical Community College

340 Victoria Road Asheville, NC 28801 (828) 398-7900 abtech.edu

APPLICANT NAME:				Your	
Appli	ication is complete up	oon receiving two refe	rence forms fro	om a Health Care Professional,	
teach	ner, mentor or superv	isor.			
	Reference,				
Bodyw health	work by the State of North Cacare professional who is resp	rolina. It is important that I deconsive to feedback and comm	emonstrate the resili nitted to life-long lea	standards for Licensure in Massage and ency and emotional intelligence to be a arning. Please respond to the following	
	f you need more space to wri			ver one or more questions, please explain d this back directly to the contact people	
Reference Name:			Date:		
Address:		City:	State:	Zip:	
Daytime Phone:		Relationship to Applicant:			
Please	e respond to following que	estions to the best of your a	bility.		
1.	Describe briefly how you professional.	u know this applicant and th	he strengths that ti	hey have to offer as a health care	
2.	Can you tell us how skill them responding to your		g responsive to fe	edback? Please give an example of	
3.	3. Do you know of any reason why they are not yet prepared to participate in a rigorous and strenuo program?			ate in a rigorous and strenuous training	
4.	Would you recommend t	his person to become a hea	lth care profession	nal? □ Yes □ No	
*Plea	ase return this form		son MSN RN He : relax@abtech.e	alth Occupations Coordinator	

Or, Mail to: AB Tech. Com. College 340 Victoria Road Asheville, NC 28801