

Asheville-Buncombe Technical Community College

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

	LICANT NAME:		Your		
Appli	ication is compl	lete upon receivin	g two reference	e forms fro	m a Health Care Professional,
	her, mentor or s	upervisor.			
	Reference,		d (91		
					standards for Licensure in Massage and ncy and emotional intelligence to be a
					ning. Please respond to the following
					er one or more questions, please explain
					this back directly to the contact people
below.					
Refere	ence Name:			Date:	
Address:		Ci	ty:	State:	Zip:
Daytime Phone:		Rel	lationship to Appli	cant:	
Please	e respond to followi	ing questions to the b	est of your ability.		
,	D .1 1 . // 1		1. 1.1		
1.	Describe briefly how you know this applicant and the strengths that they have to offer as a health care				
	professional.				
2.	2. Can you tell us how skilled this individual is at being responsive to feedback? Please give an example				
	them responding				
3	3. Do you know of any reason why they are not yet prepared to participate in a rigorous and strenuous				
٥.	program?			a to puriteipute in a rigorous and strendous training	
	I -8				
4	TT 11	1.1	1 1.1	<i>c</i> ·	10 N/ N/
4.	would you recom	amend this person to b	ecome a health ca	re profession	u!! □ Yes □ No
*Plea	ase return this	form to: Attn: $T\epsilon$	eresa Robinson M	SN RN Hea	lth Occupations Coordinator
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E-mail: relax@abtech.edu
Or, Mail to: A-B Technical Community College
340 Victoria Road Asheville, NC 28801