

BIRTHWISE MIDWIFERY SCHOOL

Admissions Reference Form

Dear												
School, I have been asked to provide letters of reference from individuals who have personal and/or professional knowledge of and can attest to my character and qualities.												
Please complete this form, sign it, and send it <u>with your letter of reference</u> to the Admissions Office at: admissions@birthwisemidwifery.edu												
or mail it to Birthwise Midwifery School (attn. Admissions), 24 South High St., Bridgton, ME 04009												
or fax it to (207) 647-5919.												
Thank you very much for your time and effort on my behalf.												
Please convert any pictures of this form or letter of reference to PDF first. Image files will not be accepted.												
Please check the one that applies below:												
Midwifery or birth related connection Work/professional connection Non-family personal reference												
Applicant's Name												
Reference's Name	rence's NameTitle											
Address												
PhoneEmail												
How long have you known the applicant?												
What is your association with or knowledge of the applicant?												
Please rate the applicant in the following areas. 1= poor 3= average 5= excellent												
	1	2	3	4	5		1	2	3	4	5	
Honesty/ reliability						Good judgment						
Academic Skills						Self confidence						
Writing skills						Ability to handle stress						
Takes Initiative						Leadership skills						
Organizational skills						Interpersonal skills						
Resilience						Promise as a professional midwife						
On a separate sheet of pape	r, pleas	se incl	ude a	letter	of ref	erence						
signature	gnature Date											
gracus												