



REGISTERED PHLEBOTOMY TECHNICIAN RPT (AMT)

RE: _____

The above named applicant, who is applying for membership with American Medical Technologists, has given your name as a reference. We would appreciate your aid in helping us to evaluate this candidate. Please fill out and return this form. All information will be held in strict confidence.

How long have you known this applicant? _____

Is there any reason why this applicant would not be an asset to our organization?

Yes _____

No _____

If yes, please explain: _____

Date: _____ Signature: _____