



INSTITUTE OF
MEDICAL ULTRASOUND

Form A
LETTER OF RECOMMENDATION

Applicant Instructions:

Please provide this form to **each** of the 3 (three) persons from whom you are requesting a Letter of Recommendation.

Applicant name _____

Current address _____

City, State, Zip _____

Contact number: _____

Reference Provider Instructions:

The above- named person is applying to an ultrasound diploma program at the **Institute of Medical Ultrasound** in Atlanta, Georgia. The program is designed for adults with previous academic degrees who are interested in entering or advancing in the allied health profession. Please write a letter of recommendation, preferably on your letter head, describing the applicant's: level of initiative and self-motivation, demonstration of professional behaviors, problem-solving abilities and oral communication skills.

Please include your name, position, address, contact number and signature on the letter. Submit the letter, **along with this Form**, to:

Institute of Medical Ultrasound
817 West Peachtree Street
Suite 207 at The Biltmore
Atlanta, Georgia 30308

I, applicant, want to exercise my right to review this recommendation prior to submittal.

I, applicant, waive my right to review this recommendation prior to submittal.

Thank you,

Signature of Applicant requesting Letter of Recommendation

Date

If you have any questions, please contact Sherie Miller-Kirksey, School Administrator at 404-881-1916.