Iowa Specialty Hospitals & Clinics

Reference Letter for Summer Intern Program:

Name of Applicant: _____

Relationship to Applicant:

_____Clergy _____ ISH Employee _____ Teacher _____ Coach _____ Counselor

Briefly describe the applicant's qualities and characteristics:

_____

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_____

Printed name of person completing recommendation: _____

Signature of person completing recommendation: _____

Please email or mail reference letter to Reba Johnson

Emailed to: reba.johnson@iaspecialty.com

Mailed to: Iowa Specialty Hospital & Clinics

Attn: Reba Johnson

1316 South Main Street

Clarion, IA 50525