UAMS
University of Arkansas for Medical Sciences

2026 HEALERS Program

Application deadline: Tuesday, March 31, 2026

HEALERS Recommendation Form

The student applying for this program must have all items required for application submitted no later than Tuesday, March 31, 2026; please return this recommendation form by **e-mail**, using this address:

Jaimel Jointer
jjointer@uams.edu

Student Name: _____

Reference Name: _____Reference Title: _____

Relationship to Student: _____

Reference Address: _____City: _____Zip:_____

Please answer the following questions candidly and thoroughly; **please submit in typewritten format.** All information provided will remain confidential by the selection committee.

1. How would you describe this student's level of academic achievement?

2. How would you describe this student's dedication and work ethic towards achieving his/her goals?

3. How do you observe this student's interaction with others to be?

4. How do you believe this program experience will impact the students' academic and personal success?