

Applicant name (print): _____ A#: _____

Instructions to the Applicant

As part of the application process for the Radiation Therapy program, applicants are required to complete a minimum of 24 hours of observation in a Radiation Therapy department. Applicants are responsible for scheduling all observational times. It is suggested that observations take place in one of the program’s approved clinical affiliates (see the program website for a complete listing of the program’s clinical affiliates). If this is not possible, contact the program office for alternate options.

Complete the upper portion of this form. At the completion of your observation, present this form to the therapist you worked most closely with for verification of your hours and completion of the evaluation. You will also need to provide that individual with a stamped envelope addressed to:

Chattanooga State Radiation Therapy Program
4501 Amnicola Highway
Chattanooga, TN 37406
Attn: Dr. Lisa Legg CBIH 126

All observational hours should be documented on the time sheet included on this form. A different time sheet and evaluation should be completed/submitted for each clinical site visited.

Please identify your current status and provide the appropriate information:

I am currently enrolled in a Radiologic Technology program at _____ (school).
 I am a Radiologic Technologic graduate of _____ (school).
 Other _____

I understand that federal law provides me with a right of access to this recommendation if I am accepted and enroll; while this right may be waived, no school nor individual can require me to waive this right. Check one of the following:

I waive my right to access this recommendation.
 I do not waive my right of access to this recommendation.

Observation Hours Documented (to be completed by the applicant)

<i>Date</i>	<i>In Time</i>	<i>Time Out</i>	<i>Total Time</i>	<i>Area(s) Observed</i>

Total Hours Observed _____

Comments:

Applicant signature: _____ Date: _____

Instructions to the Evaluator

The individual listed above is applying to the Radiation Therapy Program at Chattanooga State Community College. All observation hours documented on this form should be verified by your signature. In addition, the Radiation Therapy Selection Committee is seeking information to assist in the acceptance process. It is critical that students selected be successful in completing the rigorous academic and clinical components of the program. They should also demonstrate personal qualifications essential for becoming competent, productive members of a healthcare team. The applicant selected you as someone who could accurately provide such an evaluation. Your sincere appraisal of the applicant’s qualifications would be appreciated.

After responding to the questions this recommendation, please mail both pages to the Radiation Therapy program. The applicant should have provided you with a stamped envelope addressed to the program (see above).

If the applicant waived his/her right of access (see above), this recommendation will remain confidential. If the applicant did not waive the right of access or did not sign above and is accepted and enrolls in the program, the applicant can request to review this reference.

Acquaintance with the Applicant

How long and in what capacity have you known this applicant?

Professional and Personal Assessment

Based on the time spent in your department, please rate the applicant in the following categories. Use the following scale for evaluating purposes:

Evaluation scale: 4 = always 3= most of the time 2 = sometimes 1 = rarely 0 = never NB = no basis)

Characteristics/Skills	Score
Attitude: is up-beat and positive	
Empathy: is thoughtful and considerate	
Cooperation: works well with others	
Motivation: is enthusiastic and eager	
Communication: speaks clearly/effectively	
Intellect: is able to comprehend and learn quickly	
Professional: behaves appropriately at all times	
Punctual: arrives on time and prepared	
Adaptable: can adjust to changing situations	
Mature: seems emotionally developed	

Overall Recommendation

___ Strongly Recommend ___ Recommend ___ Recommend with Reservations ___ Do Not Recommend
If “Recommend with Reservations,” please explain. Attach additional pages, if necessary.

Additional Comments

Provide any additional comments that might assist in offering insight into the applicant’s abilities and/or potential for a career in Radiation Therapy. Attach additional pages, if necessary.

Evaluator Information

Name: _____ Organization: _____
Signature: _____ Address: _____
Position/Title: _____ City, State, Zip: _____
Email: _____ Phone: _____