

## Clinical Reference Form for Nuclear Medicine

**Applicant Name:** \_\_\_\_\_ **Applicant Signature** \_\_\_\_\_

### To the Applicant:

Please have this form completed by a Clinical person associated with your healthcare program where you obtained your patient care experience. Please note that by signing this form, you are giving that person permission to complete an evaluation of you. This reference will become part of your program application and will remain confidential.

### To the Clinical Instructor/Supervisor:

The individual listed above is applying to the Nuclear Medicine Technology Program at Chattanooga State Community College. The Nuclear Medicine Selection Committee needs your input to assist with the student selection process. Please seal the completed reference form in an envelope before returning to the student. This form will be turned in with the student's program application.

### Please Rate the Applicant in the Following Areas:

Grading Scale: 4 = Superior; 3 = Good; 2 = Average; 1 = Poor; 0 = Unacceptable; ½ points are acceptable (3.4, 2.5, 1.5, .5)

Circle the appropriate number for scoring:

Characteristic:

Adaptability	Communications Skills	Dependability/Reliability	Emotional Stability	Independence	Leadership Ability	Maturity	Motivation	Responsibility	Team Work
4	4	4	4	4	4	4	4	4	4
3	3	3	3	3	3	3	3	3	3
2	2	2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1	1	1
0	0	0	0	0	0	0	0	0	0

Indicate your Overall Recommendation of the Applicant:

- \_\_\_ Strongly Recommend
- \_\_\_ Recommend
- \_\_\_ Recommend with Reservations
- \_\_\_ Do Not Recommend

### Reference Information:

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Program/College/Department: \_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_

Evaluator Signature: \_\_\_\_\_

Additional Comments: Please use back of form for any additional comments.