RECOMMENDATION	☐ Educational	☐ Professional/Personal		Work Related
TECOMMENTE IDITION			_	WOLK ICHICA

Clinic Program in Nuclear Medicine Technology Applicant Reference Form

Name of Applicant:	
Current Address:	
Name of Reference:	
Note to the Applicant: Enter your name and address a complete this form and return it to you in the envelope envelope — mail it to us in your completed application	e provided. Do not open the
I hereby waive any rights I may have to this recomme Furthermore, I understand that this confidential reco consideration of my application to the NMT Program	mmendation is to be used only in
Applicant's Signature:	Date:
Note to reference: Your assessment of this applicant Committee in its decision. The recommendations are process and your time in furnishing this information i an alternate recommendation form, please feel free to	an important part of the application s greatly appreciated. If you prefer
After completing this form, place it in the envelope prit across the seal. Return it to the applicant , who will unopened, with his/her completed application packag	l forward it to the Program,
1. How long and in what capacity have you known th	ne applicant?
2. What characteristics do you consider to be the app talents?	licant's principle strengths and
3. In what areas, if any, can the applicant improve?	

4. Using the chart below, please give your appraisal of the applicant relative to other individuals you have known in a similar capacity:

	Exceptional (top 2%)	Outstanding (top 5%)	Excellent (top 15%)	Good (top 1/3)	Average (middle 1/3)	Below Average	Not Observed
Intellectual Ability	(top 270)	(top 5%)	(top 1570)	(top 1/3)	(illidule 1/3)	Avelage	Observed
Maturity							
Motivation							
Ability to work with others							
Creativity/Imagination							
Self-Confidence							
Leadership Potential							
Ability to analyze problems							
Oral communication							
Written communication							

Describe briefly the population against which you are rating the candidate:			
applicant, particularly his/her ap	to note any additional comments concerning the titude for an education and career in Nuclear Medicine eded, feel free to use an additional sheet of paper. If you your own stationery.		
	RecommendRecommend with reservationsDo not recommend		
Name:			
Title:	Employer:		
Business Address:			
Signature:	Date:		