

CHI Health School of Radiologic Technology
Immanuel Medical Center
6901 North 72nd St.
Omaha, Nebraska 68122

REFERENCE FORM

Name of Applicant _____

The above applicant is a candidate for admission into CHI Health School of Radiologic Technology. Our program prepares students to perform radiographic procedures in radiology departments, clinics, physicians' offices, public health and government. We desire your estimate of the applicant's suitability for this allied health care profession. Your comments will be considered confidential and will be used only by the Admissions Committee of this School to assist them in a better understanding of the applicant.

Your cooperation in completing and promptly returning this form will assist both the applicant and the School. We thank you for your time and assistance.

1. In what capacity have you known the applicant?

- As one of my students
- As one of my employees
- As a co-worker
- As a friend
- Other capacity (please specify)

2. How well do you know the applicant?

- Very well
- Fairly well
- Slightly

3. How long have you known the applicant?

4. Do you place full confidence in the applicant's integrity? If not, please explain.

Please check the appropriate rating in regards to your opinion of the applicant.

Excellent = 4 Poor = 1 NJ = Not observed, unable to judge

| | 4 | 3 | 2 | 1 | NJ |
|---|---|---|---|---|----|
| 5. Dependability/Punctuality: Consider the applicant's attendance, on-time for Duties/class/work | | | | | |
| 6. Motivation/Self-Discipline: Consider the applicant's ability to set priorities, Persevere to completion, be a self-starter | | | | | |
| 7. Cooperation/Compassion: Consider the applicant's willingness to help others, Can empathize with others, likes working with People | | | | | |
| 8. Emotional Stability: Consider the applicant's tactfulness, even-tempered, Thinks and acts responsibly and reliably even under Stress | | | | | |
| 9. Conscientiousness: Consider the applicant's thoroughness in tasks, Accepts responsibility for work outcomes | | | | | |
| 10. Curiosity: Consider the applicant's eagerness to learn, asks Questions for improvement, accepts constructive Criticism | | | | | |
| 11. Quality of Work Tasks: Consider the applicant's accuracy of duties, does Well with little supervision, uses common sense | | | | | |

12. What do you consider to be the applicant's chief strength? Chief weakness?

13. If you were a patient, would you want this applicant as the professional taking your x-rays?

14. Please tell us anything else you would like us to know about this applicant.

May we contact you if we have any questions concerning this evaluation?

- Yes - Phone #
- I prefer not

Please indicate your overall evaluation of this applicant:

- Excellent
- Very Good
- Good
- Fair
- Poor

Signature

Date

Position