

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 the 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.

We thank you for your time and assistance.

1. In what capacity have you known the applicant?

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.

5. What do you consider to be the applicant's chief strength?

6. What do you consider to be the applicant's chief weakness?

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

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

	Excellent			Poor	
	4	3	2	1	N/A
8. Dependability/Punctuality: Consider the applicant's attendance, on-time for Duties/class/work					
9. Motivation/Self-Discipline: Consider the applicant's ability to set priorities, Persevere to completion, be a self-starter					
10. Cooperation/Compassion: Consider the applicant's willingness to help others, Empathize with others, likes working with people					
11. Emotional Stability: Consider the applicant's tactfulness and temperament Thinks and acts responsibly even under stress					
12. Conscientiousness: Consider the applicant's thoroughness in tasks, Accepts responsibility for work outcomes					
13. Curiosity: Consider the applicant's eagerness to learn, asks questions for improvement, accepts constructive criticism					
14. Quality of Work Tasks: Consider the applicant's accuracy of duties, does well with little supervision, uses common sense					

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

Please indicate your overall evaluation of this applicant:

Excellent
 Very Good
 Good
 Fair
 Poor

Signature

Date