

**Saint Joseph’s Hospital Nuclear Medicine Technology Program
Applicant Reference Form**

Name of Applicant: _____

Current Address: _____

Name of Reference: _____

Note to the Applicant: Enter your name and address above. The reference person should complete this form and return it to you in the envelope provided. **Do not open the envelope** – mail it to us in your completed application packet.

I hereby waive any rights I may have to this recommendation form when completed. Furthermore, I understand that this confidential recommendation is to be used only in consideration of my application to the NMT Program.

Applicant’s Signature: _____ Date: _____

Note to reference: Your assessment of this applicant will greatly assist the Admissions Committee in its decision. The recommendations are an important part of the application process and your time in furnishing this information is greatly appreciated. If you prefer an alternate recommendation form, please feel free to submit your own.

*After completing this form, place it in the envelope provided. Seal the envelope and sign it across the seal. **Return it to the applicant**, who will forward it to the Program, unopened, with his/her completed application package.*

1. How long and in what capacity have you known the applicant? _____

2. What characteristics do you consider to be the applicant’s principle strengths and talents? _____

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 is 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							
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: _____

5. Use the space provided below to note any additional comments concerning the applicant, particularly his/her aptitude for an education and career in Nuclear Medicine Technology. If more space is needed, feel free to use an additional sheet of paper. If you would prefer, you may write on your own stationery.

Overall Rating: ___Strongly Recommend ___Recommend ___Recommend with reservations ___Do not recommend

Name: _____

Title: _____ Employer: _____

Business Address: _____

Signature: _____ Date: _____