

Instructions to the Applicant

Complete the upper portion of page one of this form and have a clinical professional complete the remainder. The clinical professional should be someone who can evaluate your clinical ability and suitability for a career in Radiation Therapy. If you are currently enrolled in or have recently graduated from a Radiologic Technology program, the Clinical Coordinator or a Clinical Instructor should complete this form; otherwise, an individual capable of evaluating your clinical/patient care skills may provide the recommendation. You should provide this form to the evaluator with a stamped envelope addressed to:

Chattanooga State Radiation Therapy Program
4501 Amnicola Highway
Chattanooga, TN 37406
Attn: Dr. Lisa Legg CBIH 126.

Date: _____

Applicant name (print): _____ A#: _____

I understand that federal law provides me with a right of access to this recommendation if I am accepted and enroll; while this right may be waived, no school nor individual can require me to waive this right.

Check one of the following:

I waive my right to access this recommendation. (This recommendation will remain confidential.)

I do not waive my right of access to this recommendation. (If accepted and enrolled, I can request to review this recommendation.)

Applicant signature: _____ Date: _____

Instructions to the Evaluator

The individual named above is applying to the Radiation Therapy program at Chattanooga State Community College. The Radiation Therapy Selection Committee is seeking information to assist in the acceptance process. It is critical that students selected be successful in completing the rigorous academic and clinical components of the program. They should also demonstrate personal qualifications essential for becoming competent, productive members of a healthcare team. The applicant above selected you as someone who could accurately provide such an evaluation. Your sincere appraisal of the applicant's qualifications would be appreciated.

After responding to the questions on this recommendation, please mail both pages to the Radiation Therapy program. The applicant should have provided you with a stamped envelope addressed to the program (see above).

If the applicant waived his/her right of access (see above), this recommendation will remain confidential. If the applicant did not waive the right of access or did not sign above and is accepted and enrolls in the program, the applicant can request to review this reference.

Acquaintance with the Applicant

How long and in what capacity have you known this applicant?

Professional and Personal Assessment

Please rate the applicant in the following categories, using the following scale:

Evaluation scale: 4 = outstanding 3= above average 2 = average 1 = below average 0 = unacceptable NB = no basis)

Characteristics/Skills	Score
Clinical potential	
Ability to comprehend and learn	
Sense of responsibility	
Ability to work with others (teamwork)	
Self-motivation	
Ability to adapt to new or changing situations	
Sense of maturity	
Professional behavior	
Oral communication	
Ability to think critically and/or solve problems	

Overall Recommendation

Strongly Recommend Recommend Recommend with Reservations Do Not Recommend
If "Recommend with Reservations," please explain. Attach additional pages, if necessary.

Additional Comments

Provide any additional comments that might assist in offering insight into the applicant’s abilities and/or potential for a career in Radiation Therapy. Attach additional pages, if necessary.

Evaluator Information

Name: _____ Organization: _____
Signature: _____ Address: _____
Position/Title: _____ City, State, Zip: _____
Email: _____ Phone: _____