

Instructions to the Applicant

Complete upper portion of page one of this form and have a personal reference complete the remainder. The personal reference should be someone who has known you for a sufficient amount of time and who can evaluate your suitability for a career in Radiation Therapy. 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 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 = always 3= most of the time 2 = sometimes 1 = rarely 0 = never NB = no basis)

Characteristics/Skills	Score
Attitude: is up-beat and positive	
Empathy: is thoughtful and considerate	
Responsible: is accountable for actions	
Cooperation: works well with others	
Motivation: is enthusiastic and eager	
Judgment: uses common sense	
Adaptable: can adjust to changing situations	
Reliable: is dependable	
Communication: speaks clearly and effectively	
Mature: is emotionally developed	

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: _____