

Instructions to the Applicant

Complete the upper portion of this form, provide it 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. If you are currently enrolled in or have recently graduated from a Radiologic Technology program, the Clinical Coordinator must complete this form; otherwise, an individual capable of evaluating your clinical/patient care skills may provide the recommendation.

Applicant name (print): _____ Date: _____

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. I do not waive my right of access to this recommendation.

Applicant signature: _____ Date: _____

Instructions to the Evaluator

The individual listed 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. Ideal candidates should possess personal qualifications essential for completing the components of a rigorous academic and clinical program that will assist them in becoming successful and productive members of the 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.

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.

Please Rate the Applicant in the Following Areas

(Evaluation scale: 4 = superior 3= good 2 = average 1 = poor 0 = unacceptable NB = no basis)

Characteristics/Skills	Score
Leadership	
Clinical/Technical	
Responsible	
Teamwork	
Motivation	
Adaptable	
Independent	
Reliable/Dependable	
Communication (Oral/Written)	
Critical Thinking/Problem Solving	

Indicate your Overall Recommendation of the Applicant

Strongly Recommend Recommend Recommend with Reservations Do Not Recommend

How long have you know this applicant? _____

Evaluator Information

Name: _____ Organization: _____

Signature: _____ Position: _____

Phone: _____ Address: _____ Email(s): _____

All application materials should be received by April 15th.