

### ***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. This time sheet and evaluation should be completed and submitted by the radiation therapist with whom you worked most closely during your observation time. A different time sheet and evaluation should be completed/submitted for each clinical site visited.

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: \_\_\_\_\_

currently enrolled

graduate

Program at: \_\_\_\_\_

As part of the application process for the Radiation Therapy program, applicants are required to complete 24 hours of observation in an approved Radiation Therapy department. (See the program brochure for a complete listing of the program's clinical affiliates.) Applicants are responsible for scheduling all observational times. All hours should be documented on the time sheet included on this form. At the completion of your observation, present this form to the therapist you worked most closely with for verification of your hours and completion of the evaluation.

### ***Instructions to the Evaluator***

The individual listed above is applying to the Radiation Therapy Program at Chattanooga State Community College. All observation hours documented on this form should be verified by your signature.

In addition, 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 support them in becoming successful and productive members of the healthcare team. 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.

Radiation Therapy Department: \_\_\_\_\_

### ***Areas Observed***

nursing

treatment

simulation

dosimetry

other: \_\_\_\_\_

<i>Date</i>	<i>In Time</i>	<i>Time Out</i>	<i>Total Time</i>	<i>Comments</i>

Total Hours Observed \_\_\_\_\_

***Please Rate the Applicant in the Following Areas***

*(Evaluation scale: 4 = superior 3= good 2 = average 1 = poor 0 = unacceptable)*

<b><i>Characteristics/Skills</i></b>	<b><i>Score</i></b>
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	
Reliable: is dependable	
Communication: speaks clearly/effectively	
Intellect: is able to learn quickly	
Professional: behaves appropriately at all times	
Initiative: seeks added responsibilities	
Punctual: arrives on time and prepared	
Perseverance: follows through on tasks	
Adaptable: can adjust to changing situations	
Mature: seems emotionally developed	

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.