## Carolinas College of Health Sciences Radiation Therapy Program

## **Reference Form**

## To the Applicant:

- 1. You will need a reference form from the **Program Director**, **Clinical Coordinator**, **and a Clinical Instructor** of your JRCERT accredited Radiologic Technology program.
- 2. Complete the applicant information in SECTION I, reading the waiver options carefully. Be aware that some individuals will complete a reference only if you have waived the right of access.
- **3.** Provide your reference with this form and a stamped envelope preaddressed to:

Admissions Office Carolinas College of Health Sciences 2110 Water Ridge Parkway Charlotte, NC 28217

NOTE: Make the reference aware of the deadline by which the completed reference form must be postmarked or received by the College.

4. It is the applicant's responsibility to follow-up with the references and with the College to assure the forms are completed and postmarked or received by the College by the deadline.

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Applica	nt Name: (Last)	Applicant's Phone:									
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Applicant's Social Security No.: Applicant's Date of Birth: Radiologic Technology Program Attended: City: State: Zip: State: Zip:											
Kadiolo	gic Technology Program A	ittended:		Ct. t	7.						
Progran	n Address:	City:		State:	Zip:						
Date of	Graduation/Anticipated Gr	aduation (mm/dd/yy):									
	Under provisions of the Family Education Rights and Privacy Act as amended, you have the right to access the contents of this reference form once enrolled as a student at this college. You also have the option of waiving this right. Please indicate your										
					ght. Please indicate your						
preference by placing an "X" in one of the option boxes provided, signing and dating this form.											
☐ I WAIVE my right to access the contents of this reference form and authorize my reference to provide the Carolinas											
College of Health Sciences with information that may be required in support of my application.											
☐ I do NOT waive my right to access the contents of this recommendation form, but I authorize my reference and his/her											
institution to provide the Carolinas College of Health Sciences with information that may be required in support of my											
application.											
Signatu	re of Applicant:	Date:									
<ol> <li>To the Reference:         <ol> <li>This applicant is seeking a position in the Radiation Therapy Program at Carolinas College of Health Sciences.</li> <li>The information you provide will be used to supplement the applicant's academic record and will aid us in the selection process.</li> <li>Selection is highly competitive. Your candid and objective assessment of the applicant's personal and professional characteristics is appreciated and is required to complete the application process.</li></ol></li></ol>											
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**Program Director Only:** Applicants must be a graduate or current student of a JRCERT accredited Radiologic Technology

program. Please provide the JRCERT Program Identification Number for accreditation confirmation:

Personal & Professional Characteristics	Superior	Good	Average	Poor	Unacceptable			
	4	3	2	1	0			
1. Critical Thinking: Uses sound judgment and problem solving								
skills, collects and reliably analyzes data, uses common sense								
2. Organization: Organizes responsibilities, prioritizes tasks,								
completes and submits assignments in a timely manner, maintains neatness								
3. Interpersonal Skills: Interacts effectively with others, is								
courteous and cooperative, is sensitive to a variety of socioeconomic,								
cultural, emotional, racial, religious, and intellectual backgrounds								
4. Written Communication: Possesses ability to read,								
comprehend, and follow written instructions  5. Oral Communication: Clearly and concisely conveys								
instructions and assesses comprehension, is a good listener, can								
follow verbal instructions, recognizes and responds appropriately to								
non-verbal cues								
6. Mental Capacity: Demonstrates mental stamina working under								
stressful and emotional conditions, demonstrates ability to learn and function in a variety of didactic and clinical settings								
7. Emotional Stability: Maintains composure in stressful								
situations, appears able to work with critically or terminally ill								
patients								
8. Maturity: Receptive to constructive criticism, accepts								
responsibility and consequences for their actions, does not make								
9. Work Performance & Motivation: Industrious and actively								
engaged in clinical procedures, performs work promptly,								
independently and thoroughly; seeks new learning opportunities, uses								
idle time wisely								
10. Dependability: Works well with limited supervision, is								
responsible, accurate and precise, follows through on tasks and finishes what they start								
11. Professional Presentation: Appears to be honest, ethical,								
responsible and forthright about errors or uncertainty, attentive to								
patient comfort and safety, resourceful in utilization and care of								
equipment								
12. Poise & Self Control: Contributes knowledge or opinion in a mature tactful manner								
13. Adaptability: Readily adapts to new or changing conditions,								
routines and policies, accepts change with a positive attitude								
14. Academic Potential: Has capacity to succeed in an extremely								
challenging academic curriculum with an emphasis on math and								
physics  15. Leadership Potential: Has capacity to assume responsibility, is								
a good role model, strives to excel, inspires and encourages others to								
succeed								
16. Attendance: Regularly attends all scheduled classes, labs and								
clinical activities, stays in their assigned area, infrequently absent								
17. Punctuality: Consistently arrives early or on-time for all								
scheduled classes, labs and clinical activities, understands importance of punctuality								
SECTION III: (Reference Completes This Section) The applicant is pursuing a professional career program. Which	hest describe	e vour recn	once to this	annlicant's i	aurenit of a			
responsible position as a Radiation Therapist:	oest describe	s your resp	onse to tills a	appiicani s j	Juisuit of a			
	commend w	ith Reserv	ations	□ Do N	ot			
Recommend Recommend								
Reference Name (PRINT):								
Reference Signature: Date:								
Reference Phone: ( Reference Email:								
Reference Phone: () Reference Email:								
Program/Facility Address: City: _		State	:	Zip: _				

SECTION III: (For College Use Only) FINAL SCORE: