

# Carolinas College of Health Sciences Radiation Therapy Program

## Reference Form

### To the Applicant:

1. You will need a reference from the **program director, clinical coordinator, and clinical instructor** of your 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  
P.O. Box 32861  
Charlotte, NC 28232

**NOTE: Make the reference aware of the deadline by which this completed 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.

### SECTION I: (Applicant Completes This Section)

Applicant Name: \_\_\_\_\_ Applicant's Phone: \_\_\_\_\_  
(Last) (First) (Middle/Maiden)

Radiologic Technology Program Attended: \_\_\_\_\_

Program Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Graduation/Anticipated Graduation (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 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.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### To the referring party:

1. This applicant is seeking a position in the Radiation Therapy Program at Carolinas College of Health Sciences.
2. The information you provide will be used to supplement the applicant's academic record and will aid us in the selection process.
3. 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.

**NOTE: The applicant must provide you with this reference form along with a stamped preaddressed envelope.**

**NOTE: References will not be accepted unless postmarked or received by the College by the deadline.**

Please use the reference form on the next page to rate the applicant. All categories **MUST** be rated by placing an "X" in the appropriate column. Note: This form is numerically averaged. Leaving any item unrated will penalize the applicant. If you cannot rate an applicant in all areas, please use an average based on other areas of assessment or decline its completion.

Personal & Professional Characteristics	Superior	Good	Average	Poor	Unacceptable
	4	3	2	1	0
<b>1. Critical Thinking:</b> Uses sound judgment and problem solving skills, collects and reliably analyzes data, uses common sense					
<b>2. Organization:</b> Organizes responsibilities, prioritizes tasks, completes and submits assignments in a timely manner, maintains neatness					
<b>3. Interpersonal Skills:</b> Interacts effectively with others, is courteous and cooperative, is sensitive to a variety of socioeconomic, cultural, emotional, racial, religious, and intellectual backgrounds					
<b>4. Written Communication:</b> Possesses ability to read, comprehend, and follow written instructions					
<b>5. Oral Communication:</b> Clearly and concisely conveys instructions and assesses comprehension, is a good listener, can follow verbal instructions, recognizes and responds appropriately to non-verbal cues					
<b>6. Mental Capacity:</b> Demonstrates mental stamina working under stressful and emotional conditions, demonstrates ability to learn and function in a variety of didactic and clinical settings					
<b>7. Emotional Stability:</b> Maintains composure in stressful situations, appears able to work with critically or terminally ill patients					
<b>8. Maturity:</b> Receptive to constructive criticism, accepts responsibility and consequences for their actions, does not make excuses					
<b>9. Work Performance &amp; Motivation:</b> Industrious and actively engaged in clinical procedures, performs work promptly, independently and thoroughly; seeks new learning opportunities, uses idle time wisely					
<b>10. Dependability:</b> Works well with limited supervision, is responsible, accurate and precise, follows through on tasks and finishes what they start					
<b>11. Professional Presentation:</b> 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					
<b>12. Poise &amp; Self Control:</b> Contributes knowledge or opinion in a mature tactful manner					
<b>13. Adaptability:</b> Readily adapts to new or changing conditions, routines and policies, accepts change with a positive attitude					
<b>14. Academic Potential:</b> Has capacity to succeed in an extremely challenging academic curriculum with an emphasis on math and physics					
<b>15. Leadership Potential:</b> Has capacity to assume responsibility, is a good role model, strives to excel, inspires and encourages others to succeed					
<b>16. Attendance:</b> Regularly attends all scheduled classes, labs and clinical activities, stays in their assigned area, infrequently absent					
<b>17. Punctuality:</b> Consistently arrives early or on-time for all scheduled classes, labs and clinical activities, understands importance of punctuality					

**To the referring party:**

1. Please complete SECTION II on the next page.

**SECTION II: (Reference Completes This Section)**

The applicant is pursuing a professional career program. Which best describes your response to this applicant's pursuit of a responsible position as a Radiation Therapist:

**Highly Recommend**       **Recommend**       **Recommend with Reservations**       **Do Not Recommend**

Reference Name (PRINT): \_\_\_\_\_

Reference Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reference Phone: (\_\_\_\_) \_\_\_\_\_ Reference Email: \_\_\_\_\_

**SECTION III: (For College Use Only)**

**FINAL SCORE:** \_\_\_\_\_