

**Edward Hines Jr. VA Hospital School of Nuclear Medicine Technology
Applicant Recommendation Form**

Recommendation Type: ___Educational ___Professional/Personal ___Work Related

Name of Applicant: _____

Current Address: _____

Name of Reference: _____

Note to the Applicant: Enter your name and address above. Give this form with an envelope marked "Recommendation" to the individual you have asked to provide the recommendation. The reference should complete this form, and **Return it to you** in the envelope provided. **Do not open the envelope** – Mail it to us as part of your complete application package.

I hereby waive any rights I may have to this recommendation form when completed. Furthermore, I understand that this confidential recommendation is to be used only in consideration of my application to the above named school.

Applicant's Signature: _____ *Date:* _____

Note to the Reference Person: Your confidential assessment of this applicant will greatly assist the selection committee in its decision regarding admission into this professional training program. The recommendation forms are an important part of the application process, and your time in furnishing this information is greatly appreciated. **After completing the form, place it in the envelope provided, seal the envelope, and sign it across the seal. Return it to the applicant**, who will forward it to us unopened, with his/her completed application package. If you prefer an alternate recommendation form, please feel free to submit your own form or letter.

1. How long and in what capacity have you known the applicant?

2. What characteristics do you consider to be the applicant's principle strengths and talents?

3. In what areas, if any, can the applicant improve?

4. Using the chart below, please give your appraisal of the applicant's skills relative to other individuals you have known in a similar capacity:

	Exceptional (top 2%)	Outstanding (top 5%)	Excellent (top 15%)	Good (top 1/3)	Average (middle 1/3)	Below Average	Not Observed
Intellectual Ability							
Maturity							
Motivation							
Working with others							
Creativity/Imagination							
Self-Confidence							
Leadership Potential							
Analyzing problems/ formulating solutions							
Oral Communication							
Written Communication							

5. Please provide any additional comments concerning the applicant, especially regarding his/her aptitude and abilities to succeed as a Nuclear Medicine Technologist. Thank You.

Overall Rating: ___ Strongly Recommend ___ Recommend ___ Recommend with Reservations ___ Not Recommended

Name: _____

Title: _____ Employer: _____

Business Address: _____

Signature: _____ Date: _____