

**Research Medical Center
School of Nuclear Medicine Technology**

Date: _____

Dear _____:

I have applied for admittance to the Nuclear Medicine Technology Program at Research Medical Center and have named you as a reference. Please complete and return the attached form promptly to:

Program Director
School of Nuclear Medicine Technology
Research Medical Center
2316 E Meyer Blvd
Kansas City MO 64132

Signature of Applicant: _____

Printed name of Applicant: _____

Research Medical Center
School of Nuclear Medicine Technology

Name of Applicant: _____

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

II. Please rate the applicant in the following areas with the scale listed below.

- 5 = Excellent
- 4 = Above Average
- 3 = Average
- 2 = Below Average
- 1 = Unsatisfactory
- 0 = Unable to Evaluate

1. Interpersonal skills (tact, cooperativeness, leadership potential) 5 4 3 2 1 0
2. Character (honesty, ethics, trustworthiness, reliability, dependability, responsibility) 5 4 3 2 1 0
3. Communication skills (grammar, articulatness, responsiveness, attentiveness) 5 4 3 2 1 0
4. Attitude (diligence, industry, promptness, persistence, organization, initiative) 5 4 3 2 1 0
5. Judgment (ethics, realism, prudence, critical ability, reasonableness)..... 5 4 3 2 1 0
6. Maturity (stability, self-awareness, self-discipline, responsiveness to criticism)..... 5 4 3 2 1 0
7. Motivation (need to succeed, initiative, commitment) 5 4 3 2 1 0
8. Personality (patience, sense of humor, warmth, positive attitude, cheerfulness) 5 4 3 2 1 0
9. Psychomotor skills (agility, coordination dexterity) 5 4 3 2 1 0

III What do you consider the greatest strengths or weaknesses of the applicant?

IV. Additional Comments:

Signature: _____ Date: _____

Name: _____ Position: _____

Address: _____

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