

Cleveland Clinic Foundation Medical Dosimetry Program

Applicant Letter of Recommendation

Instru	ictions to the App			
	Complete items			
	Sign and date th	e form. ur references with a stamp	od anvalone addressed to	
	Sena form to yo	ur references with a stamp	ed envelope addressed to:	
	Matthew Kolar,	M.S.		
	Staff Physicist			
	•	or, Medical Dosimetry		
	Radiation Oncol	logy (CA-50)		
	Cleveland Clinic			
	9500 Euclid Ave			
	Cleveland, Ohio	44195		
Nama)			
Name	Last	First	Middle Initial	
		0.		
after I		ical dosimetry program; whi	a right of access to this recommend le this right may be waived, no school	
Check	k one of the follow	ing:		
	I hereby waive my	right of access to this recon	nmendation.	
	I do not waive my	right of access to this recom	mendation.	
Appli	cant's Signature _		Date	_
purpos Medic regard	se of this reference cal Dosimetry Prog	form is to obtain your proferam. We hope this form will on with the applicant and you	d Clinic's Medical Dosimetry Prograssional opinion of this applicant for assist you in being as objective as par evaluation of his/her potential to b	the ossible
	•		te this applicant. Please return the fo eel free to contact me at 216.445.840	•

appreciate your willingness to contribute your time and attention to this matter.

Sincerely, Matthew Kolar



Reference Form

Name	of Applicant
1.	How long have you known this applicant professionally?
2.	In what capacity have you known this applicant?(Such as: physician, physicist, supervisor, clinical or didactic instructor)
3.	Describe the applicant's relationship with co-workers and/or peers. Works well with others, excellent team member. Tends to work better with certain individuals. Appears to have difficulty working with co-workers or peers. Works more effectively alone.
	Comments:
4.	Describe the applicant's communication skills with patients and staff. Excellent rapport, displays good communication skills, compassionate. Relates satisfactorily, displays some compassion and communication skills Does not appear to relate well with people directly. Have not observed with patients or staff. Comments:
5.	How do you characterize this applicant's interest or motivation in his/her profession? Displays keen interest by asking questions and making suggestion, highly motivated, performs job well. Displays interest by asking some questions and making suggestions, does all that is expected. Performs his/her role satisfactorily.
	Comments:
6.	Describe the applicant's clinical performance. Adapts quickly to new procedures, excellent technical and computer skills, visualizes 3-D relationships. Learns at a reasonable pace, average computer and technical skills. Hesitant to perform certain procedures, below average performance.

	Have not observed in the clinic.
	Comments:
7.	Describe the applicant's academic performance. Learns new material quickly, excellent critical thinking and problem solving skills. Learns at a reasonable pace, average in the critical thinking and problem solving skills. Has difficulty learning certain material, below average critical thinking and problem solving skills. Have not observed in the classroom.
	Comments:
8.	How would you summarize the applicant's attendance and dependability? ExcellentAbove averageAverageWeak in this area Comments:
9.	How does this applicant perform under stress? Reacts quickly, performs appropriate measures with ease, handles busy academic or patient schedules. Performs appropriate measures, handles average clinical or academic schedules. Does not handle stress well. Comments:
10	. What is your overall opinion of this applicant? I highly recommend this applicant for your program. I recommend this applicant. I recommend this applicant with some reservations.

I do not recommend this applicant for your Medical Dosimetry Program.		
Comments:		
We encourage you to make any further comments that might aid us in evaluating this applicant or Cleveland Clinic's Medical Dosimetry Program. Feel free to attach an additional page to thiorm. Please include a letter of recommendation with this form and return it by January 31 to:		
Iatthew Kolar, Program Director adiation Oncology (CA-50) leveland Clinic Foundation 500 Euclid Avenue leveland, Ohio 44195		
ignature of Reference		
rinted Name		
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ame of Organization		
ddress		
elephone Number		

Thank you for your time.