Cleveland Clinic

Cleveland Clinic Foundation
Medical Dosimetry Program

<u>Applicant Letter of Recommendation</u>

Instructions to the Applicant:
      Complete items below.
      Sign and date the form.
      Send form to your references with a stamped envelope addressed to:

      Matthew Kolar, M.S.
      Staff Physicist
      Program Director, Medical Dosimetry
      Radiation Oncology (CA-50)
      Cleveland Clinic
      9500 Euclid Ave.
      Cleveland, Ohio 44195

Name _____
        Last   **First**   **Middle Initial**

I understand that federal legislation provides me with a right of access to this recommendation after I complete the medical dosimetry program; while this right may be waived, no school or person can require me to waive this right.

Check one of the following:

_____ I hereby waive my right of access to this recommendation.

_____ I do not waive my right of access to this recommendation.

Applicant's Signature _____ **Date**_____

The above named individual has applied to The Cleveland Clinic's Medical Dosimetry Program. The purpose of this reference form is to obtain your professional opinion of this applicant for the Medical Dosimetry Program. We hope this form will assist you in being as objective as possible regarding your association with the applicant and your evaluation of his/her potential to be successful in medical dosimetry.

Thank you for your assistance in helping us to evaluate this applicant. Please return the form by January 31, 2021. If you have any questions, please feel free to contact me at 216/445-8403. I appreciate your willingness to contribute your time and attention to this matter.

Sincerely,

Matthew Kolar
Program Director, Medical Dosimetry

Cleveland Clinic

<u>**Reference Form**</u>

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?

     _____ Excellent

     _____ Above average

     _____ Average

     _____ Weak 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 for the Cleveland Clinic's Medical Dosimetry Program. Feel free to attach an additional page to this form. **Please include a letter of recommendation** with this form and return it by **January 31, 2021** to:

> Matthew Kolar, Program Director
> Radiation Oncology (CA-50)
> Cleveland Clinic Foundation
> 9500 Euclid Avenue
> Cleveland, Ohio 44195

Signature of Reference   _____

Printed Name   _____

Title   _____

Name of Organization   _____

Address   _____

   _____

Telephone Number   _____

Thank you for your time.