

**Recommendation Waiver
Medical Dosimetry Program**

Instructions to the Applicant:

Complete recommendation waiver.

Sign and date the waiver.

Send the completed waiver with the blank recommendation form to your references for completion.

First Name: _____

Last Name: _____

M.I.: _____

I understand that federal legislation provides me with a right to access 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:** _____

Recommendation Form Instructions
Medical Dosimetry Program

The purpose of this recommendation form is to obtain your professional opinion regarding the applicant named on the accompanied Reference Waiver. We hope this form will assist you in being as objective as possible regarding your association with the applicant and your evaluation of their potential to be successful in the Medical Dosimetry program.

Thank you for your assistance in helping us to evaluate this applicant. Please return the form via email to DosimetryProgram@ccf.org by January 31. If you have any questions, please contact me at 216.492.7164. I appreciate your willingness to contribute your time and attention to this matter.

Sincerely,
Jennifer Archambeau
Acting Program Director, Medical Dosimetry

Recommendation Form
Medical Dosimetry Program

Name of Applicant: _____

How long have you known this applicant professionally: _____

In what capacity do you know this applicant (i.e., physician, physicist, supervisor, clinical or didactic instructor): _____

Evaluate 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:

Evaluate 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:

Evaluate the applicant's interest or motivation in their 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:

Evaluate 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:

Evaluate the applicant's academic performance:

Learns new material quickly, excellent critical thinking and problem-solving skills

Learns at a reasonable pace, average 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:

Evaluate the applicant's attendance and dependability:

Excellent

Above average

Average

Weak in this area

Comments:

Evaluate the applicant's ability to 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:

Evaluate the applicant overall:

I highly recommend this applicant for the Medical Dosimetry program

I recommend this applicant for the Medical Dosimetry program

I recommend this applicant for the Medical Dosimetry program with some reservations

I do not recommend this applicant for the Medical Dosimetry program

Comments:



We encourage you to make any further comments that might aid us in evaluating this applicant for the Cleveland Clinic School of Health Professions Medical Dosimetry Program. Please include a letter of recommendation with the completed waiver and recommendation form and return it via email to DosimetryProgram@ccf.org by January 31.

Signature of Reference: _____

Printed Name: _____

Title: _____

Name of Organization: _____

Address: _____

Telephone Number: _____

Thank you for your time.