

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
COLLEGE OF HEALTH RELATED PROFESSIONS
DEPARTMENT OF IMAGING AND RADIATION SCIENCES
MASTER OF IMAGING SCIENCES PROGRAM FOR RADIOLOGIST ASSISTANT

REFERENCE FORM

Applicant Name _____

- I hereby waive my right of access to this evaluation.
- I retain my right of access to this evaluation.

THE REMAINDER OF THIS FORM IS TO BE COMPLETED BY THE REFERENCE ONLY!

All references **must be** former or present imaging supervisors
No family members, friends, instructors, or co-workers please

Reference Name _____

Reference Address _____

Relationship to the applicant:

Supervisor at _____ Dates: _____

The individual named above is seeking admission as a student in the Department of Imaging and Radiation Sciences and is requesting your evaluation of personal qualities relevant to his/her development and performance in the imaging professions. Your candid evaluation of the applicant is essential concerning the applicant's admissibility to the Master of Imaging Sciences program for the Radiologist Assistant.

Please complete the reverse side of this form and return in the enclosed self-addressed stamped envelope to:

College of Health Related Professions
Department of Imaging and Radiation Sciences
Masters of Imaging Sciences, Slot 563
4301 West Markham
Little Rock, AR 72205

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM

Profile

Complete by checking the boxes which correspond to your evaluation of each characteristic.

Qualifications	Excellent (Upper 5%)	Good (6-20%)	Satisfactory (21-50%)	Average or Below (Lower 50%)	No Basis for Judgement
Intellectual Ability					
Problem Solving Ability					
Oral Expression					
Written Expression					
Industry and Perseverance					
Initiative and Motivation					
Emotional Stability					
Inquisitiveness/ Independence					
Imagination/ Creativity					
Honesty and Integrity					
Caring/Concern for Others					
Clinical Competence in Producing Quality Images					

(A) What are the applicant's strengths?

(B) What are the applicant's weaknesses?

(C) Would you want this applicant to provide your healthcare?

- Yes
- Not sure
- No

(D) My recommendation

- Strong and without reservation
- With confidence
- Recommend
- With reservation
- I do not recommend

Comments: _____

Signature _____ Date _____