

TRINITY HEALTH RADIOLOGIC TECHNOLOGY PROGRAM

Health Center – 3rd Street
420 3rd Street SE • PO Box 5020
Minot, North Dakota 58702-5020
701-857-2316 • Fax: 701-857-3494



REFERENCE FORM for Admission into the Trinity Health Radiologic Technology Program

Page 1 is to be filled out by the applicant. Page 2 & 3 is to be filled out by the reference person.

INSTRUCTIONS TO THE APPLICANT:

- 1) Fill out the Reference Information box below;
- 2) Review the Applicant's Option to Waive, and determine whether to sign the waiver;
- 3) Give three pages of the Reference Form to your chosen reference;
- 4) **Ask the reference person to complete the form, seal both pages in an envelope with their signature across the seal and return to you.**

You must mail the sealed reference in to the address above. Completed applications are due by January 1. Your application will not be considered complete until all reference forms have been returned.

Reference Name/Title: _____
Organization: _____
Address: _____
City/State/Zip: _____

Dear Reference:

_____ has applied to the Trinity Health Radiologic Technology Program. They have identified you as a personal reference. Your evaluation is a vital part of the application and evaluation process and will be used to gain a better understanding of the applicant's performance and potential. Your evaluation is considered confidential and will be used by the Admissions Committee only during the application process.

Below is the Applicant's Option to Waive. If the applicant signs the waiver, your evaluation **WILL NOT** be reviewed by the applicant. If the applicant does not sign the waiver, the applicant **WILL** have the right to review your evaluation if the applicant becomes enrolled in this program.

APPLICANT'S OPTION TO WAIVE

*The Family Educational Rights and Privacy Act permits us to request, but not require, that you waive your right to inspect this evaluation. The right, which we request that you waive, would arise if you were an enrolled student at this school and if the evaluation were maintained after your enrollment. In considering whether you will waive, please be advised that the information contained in this form will be used to evaluate you as an applicant for admission to the Trinity Health Radiologic Technology Program. **IF YOU ELECT TO WAIVE YOUR RIGHTS OF ACCESS TO REVIEW THIS INFORMATION, PLEASE SIGN YOUR NAME.***

Date: _____ Applicant's Signature: _____

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INSTRUCTIONS FOR THE REFERENCE PERSON:

Please complete the following form, seal it in an envelope with your signature across the seal and return it to the applicant. The applicant will mail the sealed reference in with their application. Completed applications are due by January 1. Your cooperation in completing and returning this form is appreciated. Please contact the Program Director for any questions at 701-857-2316 or michelle.bratton@trinityhealth.org.

Please indicate what type of reference you are supplying: employment academic personal

How long have you known the applicant? _____

Listed below are characteristics important in evaluating potential student radiographers. Please rate the applicant on each characteristic by circling the number corresponding to the guide below.

1. *Consistently behaves in this fashion.*
2. *Generally behaves in this fashion.*
3. *Behavior noted occasionally.*
4. *Behavior noted under supervision.*
5. *No evidence of behavior described.*
6. *Not applicable to relationship.*

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|-----------------------|--|
| 1 2 3 4 5 6 | RESPONSIBILITY — completes assigned duties and assumes accountability for actions. Demonstrates behaviors such as punctuality, compliance with rules and regulations, care of equipment, and observance of schedules. |
| 1 2 3 4 5 6 | INITIATIVE — shows self-direction, problem-solving abilities, task completion, and motivation. |
| 1 2 3 4 5 6 | INTERPERSONAL SKILLS — ability to work with others. Demonstrates effective written and oral communication skills, organizational skills, and general work habits. |
| 1 2 3 4 5 6 | Works well with supervisors — accepts correction, reports on progress, requests information as needed. |
| 1 2 3 4 5 6 | Works well with co-workers — shows teamwork, cooperativeness, pleasant disposition, adaptability. |
| 1 2 3 4 5 6 | Works well as a supervisor, or authority — is objective observant, encouraging, supportive. |
| 1 2 3 4 5 6 | MATURITY — shows intellectual and emotional development. Behaviors such as self-reliance, ability to handle new situations and stress, flexibility. |
| 1 2 3 4 5 6 | COMPASSION — demonstrates empathy or support. Behaviors such as: anticipation of the needs of others, acceptance of the behaviors of others, non-judgmental evaluation of others. |

Please write a brief statement concerning the applicant's character and abilities:

Date: _____

Signature: _____

Name: _____

Position: _____

Organization: _____

Address: _____

Telephone: _____ Cell Phone: _____

Email Address: _____