

# TRINITY HEALTH RADIOLOGIC TECHNOLOGY PROGRAM

Health Center – 3<sup>rd</sup> Street  
420 3<sup>rd</sup> 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

Part 1 is to be filled out by the applicant. Part 2 is to be filled out by the reference person.

### PART 1: This part is to be completed by the applicant.

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

#### 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 reference. I hereby authorize the release of this reference to assist in the admission process to this program. I understand that such materials shall be kept confidential, both from the public and me. I waive any right of access that I might have by law to review this reference. I further understand that this program does not require me to sign this statement and that the application and reference will be reviewed if I choose not to sign the waiver.*

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

### PART 2:

**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. Applicants are not required to sign Part 1, but if they do, they will not be allowed to review this reference. 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

In what capacity have you known the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

<b>Criteria/Characteristic:</b> Please rate the applicant by checking the percentage/rating for the applicant.	<b>Outstanding</b>  Top 5%	<b>Above Average</b>  Top 25%	<b>Average</b>  Top 50%	<b>Below Average</b>	<b>Not Applicable/ No opportunity to observe</b>
<b>COMPASSION</b> – demonstrates empathy/support, anticipates needs of others, accepts behaviors of others, non-judgmental, kind, caring					
<b>RESPONSIBLE</b> – completes assigned duties, accountable for actions, complies with rules, takes care of equipment					
<b>ATTENDANCE</b> – punctual, appropriately prepared, observes schedules,					
<b>TAKES INITIATIVE</b> – shows self-direction, takes care of issues that arise, self-motivated					
<b>MATURITY</b> – shows intellectual and emotional development, self-reliant, flexible, can handle stress, appropriate behaviors					
<b>ORGANIZED/EFFICIENT</b> – able to balance tasks, completes tasks in a timely manner, asks for assistance when needed					
<b>CRITICAL THINKER</b> – able to solve problems, adapts to new situations, thinks outside the box					
<b>GENERAL INTERPERSONAL SKILLS</b> – works well with others, demonstrates effective written and verbal communication skills, good work habits					
<i>Works well with supervisors</i> , accepts direction and correction, requests information as needed, reports on progress					
<i>Works well with co-workers/peers</i> – shows teamwork, cooperative, pleasant, adaptable					
<i>Works well as a supervisor/leader</i> – objective, observant, encouraging, supportive					

Please add any remarks that you feel the admissions committee may find helpful. You may attach a separate paper if you choose.

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**What is your recommendation of the candidate for admission to the radiologic technology program?**

- Strongest recommendation
- Recommend with confidence
- Recommend
- Recommend with reservation
- Not recommended

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_