

**RADIOLOGY PRACTITIONER ASSISTANT/REGISTERED RADIOLOGIST ASSISTANT  
REFERENCE FORM**

**TO THE RECOMMENDER:**

The attached reference form is required for the applicant who wishes to be considered for selection to the Radiology Practitioner Assistant/Registered Radiologist Assistant Program at Weber State University. The extensive amount of information requested on this form is the result of input from preceptors who have participated in Radiologic Sciences programs.

Personal References are an integral part of the admission process and are carefully reviews by members of the Selection Committee. Since the number of qualified applicants exceeds the available positions, we wish to select only those individuals whose personal attributes and abilities indicate that they have the potential for success in a rigorous educational program as a competent, compassionate health care professional afterwards. As a result, we are requesting your candid appraisal of this applicant.

After completion, please forward to:

**Radiology Practitioner Assistant/Registered Radiologist Assistant  
Selection Committee  
Radiologic Sciences Department  
Weber State University  
3925 University Circle  
Ogden UT 84408-3925**

**DUE NO LATER THAN FEBRUARY 1<sup>ST</sup> OF EACH YEAR!**

---

---

**TO THE APPLICANT:**

Complete this section before sending it to the recommender. *It is courteous to provide the recommender with a stamped envelope for mailing this form.*

Under the Federal Family Educational Rights and Privacy Act of 1974, you are entitled to review your records, including letters of recommendation. However, those writing recommendations and those assessing the recommendations may attach more significant statements to them if it is known that the recommendation will remain confidential. It is your option to waive your right to access the recommendation or to decline to do so. Please indicate in the appropriate space below your choice of option and sign your name.

Non-confidential (open to my review)

Confidential (NOT open to my review)

Applicants Name (**please print**): \_\_\_\_\_

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

**REFERENCE FORM – DUE NO LATER THAN FEBRUARY 1<sup>ST</sup> OF EACH YEAR**

Name of Applicant (**please print**): \_\_\_\_\_

Name of Recommender (**please print**): \_\_\_\_\_

1. Position you held while working with applicant: \_\_\_\_\_

2. In what capacity have you known the applicant:  as one of my students  as a peer work at work  
 as one of my subordinates at work  as a friend  other (describe) \_\_\_\_\_

3. How well do you know the applicant?  very well  fairly well  slightly

4. How long have you known the applicant? From: \_\_\_\_\_ To: \_\_\_\_\_

5. Please rate the applicant based on:

(X) Rating choice as follows	Superior	Very Good	Average	Below Average	Not Acceptable	Never Observed
a. communication skills (verbal)						
b. communication skills (written)						
c. maturity						
d. motivation and determination						
e. emotional control						
f. intelligence						
g. dependability						
h. ability to work with others						
I. ability to work alone						
j. ability to adapt to change						
k. willingness to assume responsibility						
l. problem-solving abilities						
m. conflict resolution						
n. knowledge of limitations						

6. Please provide any pertinent material regarding the character, integrity and personality of the applicant, but particularly your opinion of the candidate's clinical abilities, intellectual independence, capacity for analytical thinking, ability to organize and express ideas clearly, capacity to carry on advanced studies and potential for a successful professional career as a Radiology Practitioner Assistant/Registered Radiologist Assistant. Please comment below in the following areas:

A. Areas where the applicant may have either personal or professional problems.

B. Areas where you judge the applicant to be outstanding.

C. Further comments (or feel free to attach a personal letter).

<input checked="" type="checkbox"/> (X) This applicant is:	<input type="checkbox"/> Highly Recommended	<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
--	---	--------------------------------------	--

---

Your Name (**please print**): \_\_\_\_\_

<input checked="" type="checkbox"/> Preferred Contact Address and Telephone Number
--

Office Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City	State	Zip Code
------	-------	----------

Home Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City	State	Zip Code
------	-------	----------

Office Phone: (\_\_\_\_) \_\_\_\_\_  Home Phone: (\_\_\_\_) \_\_\_\_\_

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