

# Beaumont<sup>®</sup>

## Beaumont Schools of Allied Health Recommendation Form

Program applying to:

- School of Radiation Therapy
- School of Nuclear Medicine Technology
- School of Medical Laboratory Science
- School of Histotechnologist
- School of Histologic Technician

Return to the applicant at:

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Name of applicant: \_\_\_\_\_

**Applicant:** Please follow the letter of recommendation guidelines, which appear on the BSAH website and complete the above section before submitting this form to your reference.

**Reference:** The applicant named above has applied to Schools of Allied Health at William Beaumont Hospital, Royal Oak, Michigan. To maintain confidentiality, please seal the return envelope, sign over the seal and return to the applicant.

We are interested in obtaining information that will aid us in selecting capable students. In view of these highly technical and professional careers, it is imperative that we know something more than a transcript reveals. Thus, the Admissions Committee will rely on your honest evaluation of this candidate, and truly appreciate your efforts in this regard. The applicant has selected you as someone who can give us such an appraisal. Your recommendation will remain confidential.

### I. Acquaintance with Applicant

1. Length of time you have known the applicant: \_\_\_\_\_ months/years.

2. I have known the applicant as a/an:

- student
- advisee
- teaching assistant
- employee
- other: \_\_\_\_\_

3. My interaction with the applicant was as a/an:

- instructor in one class
- instructor in several classes
- curriculum or major advisor
- teaching/research supervisor
- employer/supervisor
- other: \_\_\_\_\_

### II. Comments (use an extra sheet if needed) Please add any descriptive comments that will aid in providing a complete picture of the applicant's abilities and potential as a student and health care professional.

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Name of applicant: \_\_\_\_\_

**III. Professional Appraisal: (Please check the category that best indicates your evaluation of the applicant in terms of listed characteristics.**

	Characteristics Evaluated	Excellent	Above Average	Average	Below Average	**No Basis for Evaluation
<b>Professional Qualities</b>	a. Appearance (dress, grooming, etc.)					
	b. Reliability					
	c. Integrity					
<b>Communication Skills:</b>	a. Oral					
	b. Written					
	c. Listening					
<b>Motivation:</b>	a. Attitude					
	b. Initiative					
	c. Punctuality/Attendance					
	d. Leadership					
<b>Ability:</b>	a. Academic Potential					
	b. Work with People					
	c. Adapt to New Situations					
	d. Analyze Problems and Solve them Effectively					
	e. Interaction with Patients*					
	f. Work Independently					
<b>Quality of Work:</b>	a. Organization					
	b. Accuracy					
	c. Technical Competency					
	d. Professional Competency*					
<b>Maturity:</b>	a. Judgment					
	b. Emotional Stability					
	c. Sense of Responsibility					
	d. Sense of Reasoning					

\*Only those who have had an opportunity to observe the applicant in a health setting should complete this category.

\*\*This indicates you have not had the opportunity to observe the applicant in a situation demonstrating this characteristic.

**IV. Recommendation for Acceptance**

Strongly recommend

Recommend with reservations as noted in the comment section

Recommend

Do not recommend

**Please Type or Print**

YOUR NAME		TITLE	
ORGANIZATION / BUSINESS / INSTITUTION		CONTACT PHONE NUMBER.	
ADDRESS (CITY, STATE, ZIP CODE)			
SIGNATURE			DATE

**Please note:** It is not possible to thank each individual personally for completing a recommendation form. We want you to know, however, that we are aware of the time required and both we and the applicant are most appreciative of your response.