

**NATIONAL PARK COMMUNITY COLLEGE  
RADIOGRAPHY PROGRAM**

101 College Drive  
Hot Springs, AR 71913

**VERIFICATION OF RECOMMENDATION**

\_\_\_\_\_ has applied for admission to the Radiography Program at National Park Community College and has authorized us to contact you for a recommendation concerning his/her admission. We would appreciate your completing this form and returning it to us within five days. Thank you.

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

In what capacity?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If through employment:

Applicant's Job Title: \_\_\_\_\_

Applicant's major job duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If given the opportunity would you rehire this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you recommend this applicant for training as a Radiographer?

\_\_\_\_\_ Highly Recommend  
\_\_\_\_\_ Recommend  
\_\_\_\_\_ Recommend, but with reservation  
\_\_\_\_\_ Not Recommend

Do you know of any physical, mental handicaps or health problems which might limit learning, ability or success in the health care field? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Name: \_\_\_\_\_

What characteristics do you consider to be the applicant's strength?

What characteristics do you consider to be the applicant's weakness?

Do you have knowledge of problems the applicant has with drug use or legal matters?

Yes \_\_\_\_\_ No \_\_\_\_\_

How do you rate this candidate's ability to work as a member of a team?

Excellent \_\_\_\_\_ Satisfactory \_\_\_\_\_ Poor \_\_\_\_\_

How do you rate this candidate's ability to handle stress?

Excellent \_\_\_\_\_ Satisfactory \_\_\_\_\_ Poor \_\_\_\_\_

Please give your appraisal of the applicant in terms of the qualities listed below by checking the appropriate spaces.

Qualifications	Superior	Good	Fair	Poor	No Basis for Judgment	Comments
Intellectual Ability						
Dependability						
Emotional Stability						
Attitude						
Motivation						
Ability to work with others						
Ethical Behavior						
Self Confidence						
Maturity						
Initiative						

Please use the space below for additional comment.

Name of person verifying recommendation: \_\_\_\_\_

Phone number \_\_\_\_\_ Date \_\_\_\_\_

