

Recommendation Form

Please make every attempt to complete this document in a timely fashion as it is an integral part of the applicant's application to the Johns Hopkins Schools of Medical Imaging. **The applicant's application may be declined if this Recommendation Form is not received by January 15.**

Please complete the evaluation candidly and carefully. Your professional opinion is an important part of the selection process. **Once the form has been completed, please e-mail it directly to the applicable Program Director via e-mail:**

Diagnostic Medical Sonography Program

Hayley O. Bartkus, MS-HPed., BSDMS, RDM

hobartkus@jhmi.edu

Nuclear Medicine Technology Program

David Kelkis, CNMT, NMTCH (CT)

dkelkis1@jhmi.edu

Radiography Program

Stacey O'Brien, MEHP, RT(R)

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Your Name: _____

Title: _____

Name of Applicant: _____

Relationship to Applicant: _____

Length of Relationship to Applicant: _____

E-Mail: _____ Phone Number: _____

Johns Hopkins Schools of Medical Imaging

111 Market Place

Suite 830

Baltimore, MD 21202



Please **complete the following assessment table**, as well as provide any remarks you feel the Johns Hopkins Schools of Medical Imaging Admissions Committee may find helpful in the space below. *You may elect to attach a recommendation letter on a separate document.*

Criteria	Outstanding	Above Average	Average	Below Average	No Opportunity to Observe
Ability to avoid and resolve conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to complete a task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to accept and apply constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention to detail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coping skills in a stressful environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgement and maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership capabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to boost morale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intrinsic motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to problem solve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is your recommendation of this applicant to the Johns Hopkins Schools of Medical Imaging Admissions Committee?

- Strongest recommendation
- Recommend with confidence
- Recommend
- Recommend with reservation
- Do not recommend

Signature of Referrer: _____

Date: _____