



Central Maine Medical Center
College of Nursing & Health Professions
 70 Middle Street - Lewiston, Maine 04240

School of Nuclear Medicine Technology

Letter of Recommendation

Applicant: _____ Date: _____

Evaluator: _____

Association with Applicant _____ Length: _____

The above applicant is asking you to furnish a reference in support of his/her application submitted for admission to the CMMC School of Nuclear Medicine Technology. The following evaluation has been developed on the basis of characteristics that are important to success in this field. Your responses will be very helpful in evaluating the candidate's potential. Thank you for your assistance.

Evaluation Scale: 1 = Fair 2 = Average 3 = Good 4 = Outstanding NA = Can Not Judge

Abilities & Skills	Descriptions	Evaluation
Responsibility	Dependable, accountable for one's actions	_____
Leadership	Has the capacity to direct the activity of others.	_____
Initiative	Motivated to pursue action independently.	_____
Flexibility	Capable of responding or conforming to new situations.	_____
Organization	Arranges by systematic planning for optimal efficiency.	_____
Self-confidence	Assured in one's abilities and skills.	_____
Works Independently	Completes tasks with minimal supervision.	_____
Written Communication	Expresses self clearly in writing.	_____
Verbal Communication	Contributes knowledge & options in a mature manner.	_____
Response to Stress	Maintains composure & ability to function.	_____
Attitude	Positive approach to work & coworkers.	_____
Manual Dexterity	Ability to perform psychomotor skills.	_____
Group Interaction	Ability to get along with others.	_____
Maturity	Demonstrates common sense, tact, & empathy appropriate for patient care.	_____

School of Nuclear Medicine Technology
Letter of Recommendation

2

Applicant: _____ Date: _____

Please Comment on:

Specific Strengths:

Specific Weaknesses:

We view attendance to be a key factor in the success of a student in our program. Keeping this in mind, please comment on the student's attendance.

Please Check One:

- I recommend the applicant with confidence.
- I recommend the applicant with some reservations.
- I do not recommend the applicant.

Signature Date

Name: _____

Present Title: _____

Institution/Business: _____

Address: _____ Telephone : _____

Please mail or fax (207-795-2849) this evaluation **before** March 1, 2012 directly to:

**Director, Allied Health Education
School of Nuclear Medicine Technology
Central Maine Medical Center College of Nursing & Health Professions
70 Middle Street
Lewiston, ME 04240**

Please direct any questions to the School of Nuclear Medicine Technology at (207) 795-5974. Thank you for your cooperation.