APPLICANT REFERENCE FORM

UNC HOSPITALS SCHOOL OF NUCLEAR MEDICINE TECHNOLOGY AND MOLECULAR IMAGING

(Please type or print legibly)

APPLICANT'S NAME: _____

Waiver Statement:
I understand that the recommendation I am requesting shall be held in confidence by the Nuclear Medicine Technology Admissions Committee. I hereby _____ do waive; _____ do not waive my right to inspect the contents of the following reference form.

APPLICANT'S SIGNATURE: _____ DATE: _____

To The Individual Serving As a Reference:
Please note the waiver statement above. Complete the following form and return no later than March 1 to:

Gregory S. Beavers, Ph.D., MBA, CNMT, RT(N)
Radiology Administration– Nuclear Medicine
CB#7600, 101 Manning Drive
UNC Hospitals
Chapel Hill, NC 27514
(919) 843-2963 Fax: (919) 843-0591
gbeavers@unch.unc.edu

How long have you known the applicant and in what capacity?

DATE/INITIALS: _____

Applicant's Name: _____

Please rate the applicant's traits listed below according to the following scale:
Outstanding (100) Above Average (90) Average (80) Below Average (70) Not Observed (N/A)

TRAIT	GRADING SCALE
Dependability	100 90 80 70 N/A
Initiative	100 90 80 70 N/A
Motivation	100 90 80 70 N/A
Maturity/emotional stability	100 90 80 70 N/A
Ability to work with others	100 90 80 70 N/A
Imagination/creativity	100 90 80 70 N/A
Intellectual independence	100 90 80 70 N/A
Analytical ability/problem solving	100 90 80 70 N/A
Oral expression	100 90 80 70 N/A
Written expression	100 90 80 70 N/A
Self-confidence	100 90 80 70 N/A
Concern for others	100 90 80 70 N/A

To what degree would you say this applicant's academic record reflects his/her scholastic abilities? Other abilities?

DATE/INITIALS: _____

APPLICANT'S NAME: _____

What significant points, either positive or negative, relating to the applicant's character and sense of responsibility are worthy of consideration by the admissions committee?

Overall, how would you rate this individual for admission into the University of North Carolina Hospitals' School of Nuclear Medicine Technology?

On a scale of (1) Do Not recommend to (10) Strongly recommend.

How would you rate this individual? _____

Additional comments:

DATE/INITIALS: _____

Printed name of person giving reference: _____

Signature of person giving reference: _____

Date: _____

Position/Title: _____

Institution/Company: _____

THANK YOU

NUCLEAR MEDICINE TECHNOLOGY
APPLICANT INFORMATION

Application Process

A complete application will include:

1. Completed application form.
2. Three (3) completed reference forms.
3. Transcripts of high school as well as all post secondary education

Admissions Requirements

Applicants must meet the following requirements to be eligible for admission:

1. ARRT certified in Radiologic Technology
2. ARRT board eligible and must become certified by October of the year admitted.
3. Registered Nurse
4. Baccalaureate degree in a natural or physical science with completed prerequisite courses in physics, chemistry, college algebra, medical terminology, and human anatomy and physiology.

Members of the NMT Admissions Committee will personally interview the top fifteen eligible candidates.