## **Peconic Bay School of Radiologic Technology**

## Classroom: 4 West Second Street, Lower Level, Riverhead, New York 11901 Mailing Address: 1300 Roanoke Avenue, Riverhead, New York 11901

(631) 548-6173

Email: xrayschool@pbmchealth.org

Name of Applican	t (Print Clearly):				
Name of Reference	ce (Print Clearly):				
I am this ap	oplicant's employer/s	upervisor.			
I am this ap	oplicant's instructor/p	rofessor or former instructo	or/professor.		
This applica	ant has worked under	my supervision from	to	_·	
	OPE with this form. Y				include a SELF-ADDRESSED DATION to you to include in you
	Telephone and the second secon	e Family Educational Rights Jubtitle A, sections 99.7, 99.	-	of 1974, P.L. 93	– 390 (as amended), with specif
I do	I do not	waive my right to acce	ss to and review	of this form.	
	Signature of Applican	t		_	Date

TO THE REFERENCE: The applicant named above is applying for admission to Peconic Bay School of Radiologic Technology. We are interested in obtaining information that will aid us in selecting capable students. It is important that students who are selected be able to complete their academic work successfully, and also possess the personal qualifications essential to become competent professionals. PLEASE COMPLETE BOTH PAGES!

The applicant has selected you as someone who can give us such as appraisal. We would appreciate your candid evaluation of the applicant's qualifications for acceptance to the program. *The pending application will be considered incomplete until your response is received.* 

1. **PERSONAL & PROFESSIONAL APPRAISAL:** (Please evaluate the applicant's qualifications and characteristics by checking the appropriate spaces below.)

Qualifications/Characteristics	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	N/A
Intellectual Ability		7.0210102		7.02.0.02	
Reliability					
Sense of Responsibility					
Industry & Perseverance					
Ability to Work Independently					
Ability to Adapt to New					
Situations					
Ability to Work With People					
Ability to Analyze Problems &					
Solve Them Correctly					
Oral Communication					
Written Communication					
Emotional Stability					
Leadership Potential					

	TO THE REFERENCE: In addition, please c	omplete the follow	ving information.			
2.	CQUAINTANCE WITH APPLICANT: How long and in what capacity have you known this applicant?					
3.	<b>COMMENTS</b> : In the space below (use an extra sheet if needed), please add any descriptive comments that wil aid in providing a complete picture of the applicant's abilities and potential as a student and health care professional.					
4.	RECOMMENDATION FOR ACCEPTANCE:					
	Strongly Recommend		Recommend			
	Recommend with Reservations		Do Not Recommend			
PLEASE	TYPE OR PRINT					
Your Na	ame:		Professional Credentials:			
Title: _						
Organiz	zation:					
Addres	s:					
Telepho	one Number:					
Date: _	Signatur	e:				

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.

If attaching a separate Letter of Recommendation, please state on this form in #3-Comments, but please do complete the #1-Personal & Professional Appraisal on page 1.