

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 December 31.**

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
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Nuclear Medicine Technology Program

David Kelkis, CNMT, NMTCB (CT)
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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	☐	☐	☐	☐	☐
Ability to complete a task	☐	☐	☐	☐	☐
Academic ability	☐	☐	☐	☐	☐
Ability to accept and apply constructive criticism	☐	☐	☐	☐	☐
Attendance	☐	☐	☐	☐	☐
Attention to detail	☐	☐	☐	☐	☐
Coping skills in a stressful environment	☐	☐	☐	☐	☐
Judgement and maturity	☐	☐	☐	☐	☐
Leadership capabilities	☐	☐	☐	☐	☐
Ability to boost morale	☐	☐	☐	☐	☐
Intrinsic motivation	☐	☐	☐	☐	☐
Oral communication skills	☐	☐	☐	☐	☐
Ability to problem solve	☐	☐	☐	☐	☐
Quality of written expression	☐	☐	☐	☐	☐

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:** _____