

**RECOMMENDATION FORM**  
**MERCYONE NORTH IOWA MEDICAL CENTER**  
**IMAGING SERVICES INTERNSHIP 1000 4<sup>th</sup> ST SW - MASON CITY, IOWA 50401**

**Applicant Name** (please print): \_\_\_\_\_

\*\*\*\*\*I hereby waive any right I may have to this recommendation form when completed. Furthermore, I understand that this confidential recommendation is to be used only by the Imaging Services Internship.

**Applicant's Signature** \_\_\_\_\_

**NOTE TO APPLICANT:** Provide a stamped envelope addressed to MercyOne North Iowa Medical Center Imaging Services Internship, 1000 4<sup>th</sup> St SW, Mason City, IA 50401 to the individual completing the, who then mails it directly to the program.

Print name of person to complete this form: \_\_\_\_\_

\*\*\* one from past/current employer and one from Radiography program RT(R) or program faculty (recent graduates)

**PERSON COMPLETING THE RECOMMENDATION:** Your assessment of this applicant will greatly assist the Admissions Committee. Your time is greatly appreciated. **SIGN ACROSS THE SEAL of the envelope provided by the applicant.** Please mail it directly to MercyOne Imaging Services Internship program.

1. How long and in what capacity have you known the applicant? \_\_\_\_\_

\_\_\_\_\_

2. Rate the applicant relative to other individuals you know in a similar capacity.

Category	Excellent	Above average	Average	Below average	N/A
Patient care/Customer service skills					
Self-awareness of body language & facial expressions					
Caring nature/attitude					
Intellectual skills					
Maturity					
Motivation & initiative					
Analyze problems & formulate solutions					
Dependability					
Ability to adapt to changes					
Quality of work					
Inquisitiveness					
Attendance & punctuality					
Oral communication skills					
Written communication skills					

3. Expand upon weakness and/or strengths, including aptitude for furthering career in a modality:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Strongly recommend\_\_\_\_\_ Recommend\_\_\_\_\_ Recommend with reservation\_\_\_\_\_ Do not recommend\_\_\_\_\_

Signature\_\_\_\_\_ Date\_\_\_\_\_

Title/Company\_\_\_\_\_ Business Phone \_\_\_\_\_