



CENTER FOR ULTRASOUND RESEARCH & EDUCATION
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REFERENCE FOR ADMISSION

Applicant's Name _____

Applicant's Contact Number _____

Applicant's Address (Street, City, State) _____

To be completed by the Reference

You have been requested by the above applicant to be a reference for his/her admission into CURE's ultrasound training center. Your candid appraisal of this applicant is appreciated. Please fill out all requested information in this form and return this report at your earliest convenience to the applicant for submission with his/her application.

To ensure the privacy of the information, CURE suggests that you sign your name over the envelope seal prior to returning it to the applicant. Any reference received without this signature may warrant verification from CURE.

Name of Reference _____

Date of Reference _____

What is your relationship to the applicant? _____

How long have you known the applicant? _____ Years _____ Months

The field of Diagnostic Medical Sonography requires an individual to be motivated, compassionate, detail oriented and trustworthy with the ability to work in a team environment to promote the well being of the patient.

Do you consider the applicant capable of carrying out these responsibilities? Yes No

If no, explain. _____

Please indicate the percentage of time would you say the following characteristics are displayed by the applicant:

	5	4	3	2	1
	100%	90%	75%	50%	<50%
A. Motivation to learn and achieve	5	4	3	2	1
B. Accepts and carries out responsibilities	5	4	3	2	1
C. Punctual and present for work/school assignments	5	4	3	2	1
D. Expresses ideas/thoughts clearly (oral and written)	5	4	3	2	1
E. Positive attitude toward others	5	4	3	2	1
F. Maturity in actions	5	4	3	2	1
G. Emotional stability	5	4	3	2	1
H. Integrity	5	4	3	2	1
I. Attention to detail	5	4	3	2	1

Please provide any comments you wish to support or illustrate the applicant's traits or characteristics that may enhance or inhibit his/her future as a Diagnostic Medical Sonographer. _____

Please indicate your overall recommendation for the applicant's admission into the program:

___ Recommend strongly ___ Recommend with confidence ___ Recommend with reservation ___ Do not recommend

Print Name/Title _____

E-mail or phone _____

Signature _____

Date _____