

Aurora St. Luke's Medical Center

2900 West Oklahoma Avenue
Milwaukee, WI 53215
414-649-6418



Clinical Internship in Nuclear Medicine: Reference Form

Name of Applicant: _____

Name of Reference: _____

Note to applicant: Enter your name and the name of the reference prior sending to your reference. The reference person should email this form to kerry.michell@aurora.org. By sending this reference letter you waive the rights you may have to this recommendation form when completed. You understand that this confidential recommendation is to be used only in consideration for the application to the Nuclear Medicine Technology Internship at Aurora St. Luke's Medical Center.

Note to Reference: Your assessment of this applicant will greatly assist in the decisions for the Nuclear Medicine Technology Internship at Aurora St. Luke's Medical Center. The recommendations are an important part of the application process and your time is greatly appreciated.

After completing this form, please save it to your computer and send it as an attachment to kerry.michell@aurora.org.

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

2. What characteristics do you consider to be the applicant's strengths and talents?

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3. In what areas can the applicant improve?

4. Using the chart below, please evaluate the applicant relative to other individuals you have known in similar capacity:

	Excellent (Top 10%)	Above Average (Top 1/3)	Average (Middle 1/3)	Below Average	Not Observed
Intellectual Ability					
Maturity					
Motivation					
Ability to work with others					
Creativity					
Self-Confidence					
Leadership Potential					
Ability to analyze problems					
Oral Communication					
Written Communication					

5. Use the space below to note any additional comments concerning the applicant, particularly his/her aptitude for an education and career in Nuclear Medicine Technology.

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Please rate the student overall:

Strongly Recommend__

Recommend__

Recommend with reservations__

Do not recommend__

Name: _____

Title: _____

Employer: _____

Business Address: _____

Date: _____

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