

## RADIOGRAPHY MERIT HEALTHCARE REFERENCE

1. Reference Name: \_\_\_\_\_ Position/Title \_\_\_\_\_
2. Student's Name: \_\_\_\_\_
3. Name of Medical Facility: \_\_\_\_\_
4. Approximate amount of time the above person worked with patients in hours, weeks or months?  
\_\_\_\_\_
5. What were their specific duties with patients? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Our program wants students who exemplify the best in teamwork, attitudes, following policies, and communication. Please check the performance that best described the student while working with you.

BEHAVIOR	VERY GOOD(3)	GOOD(2)	POOR (1)
A. Positive Attitude			
B. Team work ability			
C. Attendance			
D. Follows Policy			
E. Cares for the Patient			
F. Use of Good Judgment and Discretion			
G. Communication Skills			
H. Use of Common Sense			
I. Work Ethic			

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

Contact Phone #: \_\_\_\_\_

**Thank you for your time in this important matter. Please call if you have questions or concerns.**

**Dr. Bill Mulkey – (803)822-3482**

**Please fax to Dr. Bill Mulkey – (803)822-3417**

**Or email to [mulkeyb@midlandstech.edu](mailto:mulkeyb@midlandstech.edu)**