



NUCLEAR MEDICINE INSTITUTE REFERENCE FORM

PART A – NMI APPLICANT: You must fill in all of the information requested in this section.

Printed Name of NMI Applicant: _____

PLEASE READ CAREFULLY:

I hereby authorize: _____

(Name of Reference)

to provide any and all information as requested herein and I release them from all liability for issuing this information.

I also authorize the Nuclear Medicine Institute at the University of Findlay to contact me and/or the recommender regarding this reference.

Signature of Applicant

Date

The recommender should please return this form via email (preferred), fax, or postal mail to:

Nuclear Medicine Institute
Attn: Amy Heflinger
University of Findlay
1000 North Main Street

Findlay, OH 45840
Email: NMI@findlay.edu
Telephone: (419) 434-4708
Fax: (419) 434-4168

2. In what capacity have you known this individual (no relatives)? _____ 3. Please rate the applicant in the following areas: _____ Cannot

4. Comments: _____

1	2	3	4	5	6	7	8	9	10
Do Not Recommend				Recommend			Strongly Recommend		