



**NUCLEAR MEDICINE INSTITUTE  
REFERENCE FORM**

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**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: Jen Branson-Scala  
University of Findlay  
1000 North Main Street  
Findlay, OH 45840

Email: [nmi@findlay.edu](mailto:nmi@findlay.edu)  
Telephone: (419) 434-4708  
Fax: (419) 434-4168

**PART B – RECOMMENDER:** The previously-named individual has applied to the Nuclear Medicine Institute at the University of Findlay and has chosen you to be a reference to support his/her application. Please complete the questionnaire below and return the form directly to NMI using the contact information on the front of this form. Thank you for your assistance!

1. How long have you known this applicant? \_\_\_\_\_
2. In what capacity have you known this individual (no relatives)? \_\_\_\_\_
3. Please rate the applicant in the following areas:

	Exceptional	Satisfactory	Unsatisfactory	Cannot Evaluate
Interest in people				
Academic Background				
Quality of work				
Initiative				
Integrity				
Efficiency				
Dependability				
Attitude				
Judgment				
Confidence				

4. Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Please indicate the strength of your overall endorsement by circling a number along the scale:

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

\_\_\_\_\_  
 Evaluator's signature Date

Please print the following information:

\_\_\_\_\_  
 Title Business / Institution

\_\_\_\_\_  
 Address City State Zip

May we contact you for additional information? Yes No

\_\_\_\_\_  
 Phone Number Email