

# Your References

## Why References?

Because radiography school and the profession of medical imaging are both very demanding, we are seeking applicants who demonstrate a mature, good character, and a good academic history. (While we realize not all applicants have all of these qualities, we seek well-rounded students whom we believe possess the qualities and intellect to succeed in the program).

## Who Should Write Your References?

References from those who know you **well** are far more valuable than from those who do not. An exception to this might be a supervisor in a **health care setting** for whom you have worked for six months. While he or she may not know you extremely well, they can assess your skills (in a medical environment).

Ideally, at least one of your references should be familiar with your academic abilities, and one of your references should be familiar with your character/work ethic.

References are best when they are written by:

- Employers
- Faculty or teaching assistants
- Leaders of non-profit or volunteer organizations in which you have served

Other individuals whom you may ask include: pastors, Rabbi, mission-trip leaders, etc. **if you have served in a significant way.**

References should **not** be written by:

- A neighbor, friend, social contact even if this individual is a doctor or nurse
- Your personal physician, dentist, family nurse practitioner, etc.
- A family member
- A peer in a job or volunteer endeavor

You may mail your references before or after submitting your online application. All references will be held for a period of one year pending a corresponding application.

Your references can be mailed directly to us (see address below) by the individuals supplying the recommendation. If you prefer to hand-deliver the reference form, it must be delivered to the School of Medical Imaging by the applicant in a sealed envelope with the signature of the individual providing the reference across the seal.

**Bon Secours St. Mary's Hospital School of Medical Imaging  
Attention: Admissions Department/References  
8550 Magellan Parkway, Suite 700  
Richmond, VA 23227**

Bon Secours St. Mary's Hospital  
School of Medical Imaging  
8550 Magellan Parkway, Suite 700  
Richmond, VA 23227

**Dear Applicant, please provide:**Your Name \_\_\_\_\_  
Please PrintAddress \_\_\_\_\_  
Please Print\_\_\_\_\_  
City State Zip Code

Your recommendation should be submitted on this form (though a letter is also welcome). Sign and date the waiver below and provide to the individual you are asking to recommend you. You may obtain references from teachers, employers, or volunteer leaders. **References from relatives and friends are not accepted.**

**Waiver** (Only sign and date one section, either section A or section B)

A. I authorize the release of a candid evaluation to assist the admissions process of Bon Secours St. Mary's Hospital School of Medical Imaging. I understand that **the recommendation will remain confidential**, and I waive any right of access that I might have by law. I also understand that the School of Medical Imaging does not require me to waive this right; nor does it affect my application for admission.

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_ Signature: \_\_\_\_\_

**- OR -**

B. I authorize the release of a candid evaluation, but **I retain my rights to examine the recommendation** should I enroll as a student in Bon Secours St. Mary's Hospital School of Medical Imaging.

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_ Signature: \_\_\_\_\_

**To the Individual Providing the Recommendation**

The applicant named above is seeking admission to Bon Secours St. Mary's Hospital School of Medical Imaging and is requesting your recommendation. Please complete the evaluation on the following page (References: Form 2) and sign it. Feel free to attach a personal letter of recommendation if you wish.

Qualified applicants are considered regardless of age, gender, race, color, religion, national origin, marital or veteran status, or physical or mental condition(s), so long as the condition(s) does not limit the applicant's ability to perform the essential functions of a medical imaging student with or without reasonable accommodation. Therefore, information relating to these areas should not be included in any way.

Your prompt attention to the reference request is greatly appreciated. Please return it to the applicant in a sealed envelope with your signature across the seal, or mail it directly to the School of Medical Imaging. Thank You!

Bon Secours St. Mary's Hospital  
School of Medical Imaging  
8550 Magellan Parkway, Suite 700  
Richmond, VA 23227

**Your References :Form 2****This reference is for:** \_\_\_\_\_

Please Print

How did you become acquainted with the applicant? \_\_\_\_\_

Please Print

If you do not know the applicant well enough to provide a reference, please put an "X" in the box: 

Please indicate your impression of the applicant in these categories with an "X" in the box:

1. **Intelligence:** Intellectually curious; quickly grasps new concepts; has natural ability.Unknown   Below Average   Average   Above Average   Outstanding2. **Initiative:** Willing to attempt new ideas; initiates actions on own; is energetic and motivated.Unknown   Below Average   Average   Above Average   Outstanding3. **Reliability/Work Habits:** Dependable; uses good judgment; is honest; is accurate.Unknown   Below Average   Average   Above Average   Outstanding4. **Cooperation:** Able to get along with others; willing to help others; able to collaborate.Unknown   Below Average   Average   Above Average   Outstanding5. **Adaptability:** Flexible; resourceful; resilient.Unknown   Below Average   Average   Above Average   Outstanding6. **Emotional Control:** Poised; has good temperament; takes things in stride; uses tact.Unknown   Below Average   Average   Above Average   Outstanding7. **Communication Skills:** Expresses ideas/thoughts clearly, verbally and in writing; able to comprehend verbal and written instructions.Unknown   Below Average   Average   Above Average   Outstanding

Please elaborate on any category above: \_\_\_\_\_

Print Your Name: \_\_\_\_\_

Your Position: \_\_\_\_\_

Name of Organization/Firm/Institution: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ /20\_\_\_\_