THE UNIVERSITY OF TEXAS AT EL PASO  
College of Health Sciences  
Clinical Laboratory Science Program  

EVALUATION/RECOMMENDATION OF APPLICANT

Name of Applicant: __________________________   (Last)  __________________________ (First)  __________________________ (Middle)

I. How long have you known the applicant?

2. In what capacity have you known the applicant?
   __ Applican (is) (was) student in my class:
     Please give class/dates: __________________________
   __ Applican (is) (was) a volunteer worker that helped my efforts:
     Please give work/effort/interval: __________________________
   __ Applican (is) (was) an employee (with me) (under my supervision):
     Please describe work/time interval: __________________________
   __ Other contact with applicant:
     Please specify contact/time interval: __________________________

II. APPRAISAL OF APPLICANT:

Comment: The UTEP Clinical Laboratory Science Program is a nationally accredited Academic/Professional program in the College of Health Sciences, School of Allied Health. The Clinical Laboratory Scientist (also known as the medical Technologist) works primarily in hospital laboratories, performing chemical and biological analyses on clinical specimens to aid in the diagnosis of disease. Characteristics important for aspiring CLS applicants are academic attitude, motivation, human concern for the health and well being of people and communication skills. The goal of the UTEP CLS Program is to educate and provide professional leaders, decision-makers, problem-solvers, and teachers in the applied science used in medical laboratories.

PLEASE RATE THE APPLICANT WITH THESE QUALITIES IN MIND:

<table>
<thead>
<tr>
<th>QUALITIES</th>
<th>SUPERIOR</th>
<th>ABOVE AVERAGE</th>
<th>AVERAGE</th>
<th>BELOW AVERAGE</th>
<th>POOR</th>
<th>UNABLE TO EVALUATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal Ability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written Ability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to work on a team with others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sense of Responsibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resourcefulness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to cope with Stressful situations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warmth of Personality</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concern for Others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understanding of complex concepts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organization Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to make efficient use of time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to do quality work/high standards</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to avoid making repetitive mistakes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adeptness at performing laboratory work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Ability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
III. RECOMMENDATION FOR ADMISSION

Please select one of the following:

As an evaluator of this applicant, I………

___ recommend him/her without reservations.

___ recommend him/her with reservations.

___ do not recommend him/her

If you recommend with reservations or do not recommend, please provide your reasons:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

IV. ADDITIONAL COMMENTS:

Please provide the CLS Program with any additional information that you wish to share about the applicant:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

V. EVALUATOR INFORMATION:

SIGNATURE: ___________________________ DATE: ___________________________

Name of Evaluator (Please Print) _____________________________________________

Profession/Work: ___________________________________________________________

Business Address: ___________________________________________________________

Telephone Number: (Please circle one for best contact):

Business: ___________________________ Home: ________________________________

Note: THE EVALUATOR MUST SEND THIS COMPLETED FORM TO THE FOLLOWING ADDRESS:

The University of Texas at El Paso
Clinical Laboratory Science Program
College of Health Sciences Building
1851 Wiggins Rd., Office RM 418
El Paso, TX  79968-0661

This Form must be received by February 28 of current year