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 know the applican	nt?	
Applicant (is) (was) student in my cla Please give class/dates:		
Applicant (is) (was) a volunteer worke		
Applicant (is) (was) an employee (wit Please describe work/time interva	h me) (under my supervision):	
Other contact with applicant: Please specify contact/time interv	val:	

II. APPRAISAL OF APPLICANT:

Comment: The UTEP Clinical Laboratory Science Program is a nationally accredited Academic/Professional program in the College of Health Sciences. 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.

PLESE RATE THE APPLICANT WITH THESE QUALITIES IN MIND:

		ABOVE		BELOW		UNABLE TO
QUALITIES	SUPERIOR	AVERAGE	AVERAGE	AVERAGE	POOR	EVALUATE
Verbal Ability						
Written Ability						
Ability to work on a team with others						
Sense of Responsibility						
Motivation						
Initiative						
Resourcefulness						
Ability to cope with Stressful situations						
Warmth of Personality						
Concern for Others						
Emotional Maturity						
Understanding of complex concepts						
Organization Skills						
Ability to make efficient use of time						
Ability to do quality work /high standards						
Ability to avoid making repetitive mistake						
Adeptness at performing laboratory work						
General Ability						

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 420 El Paso, TX 79968-0061

III. RECOMMENDATION FOR ADMISSION

This form *must* be received by January 31st of the current year