

**ALPHA ETA SOCIETY CHAPTER
STUDENT CLINICAL DATA AND REPUTATION VALIDATION
PROFESSIONAL**

In order to access the clinical reputation and expertise of the prospective candidate, **this form should be filled out by the departmental faculty clinical coordinator/program director in candidate's academic department.** Points should be based on clinical performance and professional behavior criteria noted on the form and by ongoing assessments/evaluations and known clinical reputation of the student in the respective program.

Click on the points that apply. Refer to the *Point Schema below.

Clinical Practice and Performance in Chosen Field

Creative Problem-solving in Clinical Practice	<input type="checkbox"/> .0	<input type="checkbox"/> .5	<input type="checkbox"/> 1.0
Attention to Psycho-social Factors of Patient	<input type="checkbox"/> .0	<input type="checkbox"/> .5	<input type="checkbox"/> 1.0
Mastery of Technology & Modalities in Field	<input type="checkbox"/> .0	<input type="checkbox"/> .5	<input type="checkbox"/> 1.0

Interpersonal Relationship and Collaboration

Functions well as team member with other professionals	<input type="checkbox"/> .0	<input type="checkbox"/> .5	<input type="checkbox"/> 1.0
Demonstrates support of one's own and other health professions	<input type="checkbox"/> .0	<input type="checkbox"/> .5	<input type="checkbox"/> 1.0
Affords courtesy & respect to all, respective of position, patients, peers, etc.	<input type="checkbox"/> .0	<input type="checkbox"/> .5	<input type="checkbox"/> 1.0

Personal Professional Behavior and Affect

Demonstrates empathetic & compassionate behavior	<input type="checkbox"/> .0	<input type="checkbox"/> .5	<input type="checkbox"/> 1.0
Demonstrates desire to learn & perfect skills	<input type="checkbox"/> .0	<input type="checkbox"/> .5	<input type="checkbox"/> 1.0
Demonstrates honesty, integrity, commitment	<input type="checkbox"/> .0	<input type="checkbox"/> .5	<input type="checkbox"/> 1.0

Overall Assessment of Professional Reputation

(Maximum Total # Points Possible = 9)

TOTAL POINTS =

Comments (optional - indicate additional items (pro or con) which relate to this student's overall research and/or clinical performance reputation)

***POINT SCHEMA**

.0 = Non Appl./Mes.
.5 = Most satisfactory, not outstanding/consistent
1.0 = Exceptional/outstanding & consistent

Signature(s) of Clinical Coordinator and/or Faculty Director of Research **(Date)**

This form must be submitted in a sealed envelope to the Alpha Eta Secretary, College of Allied Health, Office of Academic and Student Services, AHB 1009, Oklahoma City, Oklahoma 73117.

Faculty: students cannot be considered without this pertinent document, therefore we ask faculty to promptly return this to the student.

Students: submit the completed form by the due date indicated in your invitation letter.

Applicant's Name _____
ID# _____ *Program* _____