

**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.

**Clinical Practice and Performance in Chosen Field** (Circle points that apply. See point schema below.)

Creative Problem-solving in Clinical Practice	.0 .5 1.0
Attention to Psycho-social Factors of Patient	.0 .5 1.0
Mastery of Technology & Modalities in Field	.0 .5 1.0

**Interpersonal Relationship and Collaboration**

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

**Personal Professional Behavior and Affect**

Demonstrates empathetic & compassionate behavior	.0 .5 1.0
Demonstrates desire to learn & perfect skills	.0 .5 1.0
Demonstrates honesty, integrity, commitment	.0 .5 1.0

**Overall Assessment of Professional Reputation**

(Maximum Total Number of Points Possible = 9) **TOTAL POINTS**

Comments: (Optional)      \*POINT SCHEMA

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**\*POINT SCHEMA**

**.0 = Non Appl./Mes.**

**.5 = Most satisfactory, not outstanding/consistent**

**1.0 = Exceptional/outstanding & consistent**

In comment section above, please indicate any additional items (pro or con) which relate to this students overall research and/or clinical performance reputation.

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

This form must be turned in separately to the Secretary of Alpha Eta. Please transmit in a sealed envelope to Alpha Eta Secretary, College of Allied Health, Student Affairs Office, CHB 165, P.O. Box 26901, Oklahoma City, Oklahoma 73190. Students cannot be considered without this important document, therefore we ask faculty concerned for prompt return as indicated. Submit the completed form by the due date indicated in your invitation letter.

**Applicant's Name** \_\_\_\_\_

**ID#** \_\_\_\_\_ **Program** \_\_\_\_\_