

In what capacity do you know the applicant?

- Faculty
- Preceptor
- Employer
- OtherOther _____

How long have you known the applicant?

- Less than one year
- One or two years
- Three to five years
- More than five years

On average, how many hours per week did you spend with the applicant during this time?

Average hours per week _____

Time Management/Independence and Initiatives

Ability to complete projects/work within reasonable timeframes; and to stay focused on the task at hand.
Ability to work independently and to recognize own limitations; motivation; self-direction.

- Top 5% of peers
- Top 10% of peers
- Top 25% of peers
- Top 50% of peers
- Bottom 50% of peers
- Not Applicable

Application of Knowledge/Skills to Problem Solving into Practice

Ability to integrate knowledge and skills into practice, to take responsibility for own learning.

- Top 5% of peers
- Top 10% of peers
- Top 25% of peers
- Top 50% of peers
- Bottom 50% of peers
- Not Applicable

Communication Skills

Rate applicant's written and verbal communication skills.

- Top 5% of peers
- Top 10% of peers
- Top 25% of peers
- Top 50% of peers
- Bottom 50% of peers
- Not Applicable

Adaptability/Flexibility

Ability to adapt to changes and manage ambiguity.

- Top 5% of peers
- Top 10% of peers
- Top 25% of peers
- Top 50% of peers
- Bottom 50% of peers
- Not Applicable

Professionalism

Rate applicant as a health care provider.

- Top 5% of peers
- Top 10% of peers
- Top 25% of peers
- Top 50% of peers
- Bottom 50% of peers
- Not Applicable

Response to Feedback

Rate applicant's response to feedback.

- Top 5% of peers
- Top 10% of peers
- Top 25% of peers
- Top 50% of peers
- Bottom 50% of peers
- Not Applicable

^ Recommendations



What is the applicant's greatest opportunity for improvement?

Max 500 characters

0/500

Please provide additional comments/information that you feel are pertinent to the consideration of this applicant.

Comments

Max 500 characters

0/500

Would you hire this applicant?

Yes No

^ **Your Info**



Please provide us with your details below. This information is confidential and will only be used by official representatives of residency programs for validation of reference information. You may be contacted by programs requesting further information about applicants.

Name

John Doe

Position Title

Place of Employment

Location

Phone

Email