

In what capacity do you know the applicant?

- Faculty
- Preceptor
- Employer

Other _____

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

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

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

