



Standardized Letter of Recommendation – Fellowship

Applicant's Name:

Reference Provided By:

Professional Title:

Institution:

Specialty:

Email:

Phone:

1. This evaluation is based on my knowledge of the applicant (check all that apply)
 - a. Clinical
 - b. Research
 - c. General feedback from others
 - d. Program director
 - e. Mentor/Advisor
 - f. Other:

2. My assessment based on my clinical exposure to this applicant was primarily during (check all that apply)
 - a. Junior resident
 - b. Senior resident
 - c. Other :

Evaluation –Compared to the other residents at his/her level of training 0-10 scale. 10 is best ever, 5 is average for level

1. Patient Care
0 1 2 3 4 5 6 7 8 9 10
2. Medical Knowledge
0 1 2 3 4 5 6 7 8 9 10
3. Technical/ Procedural Skills
0 1 2 3 4 5 6 7 8 9 10
4. Professionalism/ Communication
0 1 2 3 4 5 6 7 8 9 10

5. Initiative/ Leadership skills

0 1 2 3 4 5 6 7 8 9 10

6. Research

0 1 2 3 4 5 6 7 8 9 10

7. Teaching

0 1 2 3 4 5 6 7 8 9 10

8. Empathy/ Ethics

0 1 2 3 4 5 6 7 8 9 10

9. Overall ranking

0 1 2 3 4 5 6 7 8 9 10

3. Comments: Please use the space provided to briefly summarize this applicants candidacy. Information such as particular strengths, weaknesses and concerns should be included, as well as your overall recommendation. Attached letters accepted. Please limit to 300 words or less.

Signature:

Date: