

REQUEST FOR RECIPROCITY REVIEW

Instructions for the applicant: Please have the appropriate official at the medical school from which you graduated complete this form and submit it to the Electronic Residency Application Service as a "letter of recommendation".

Name of Applicant: _____

Name of Medical School: _____

Location: _____

1. Does the school have an on-site curriculum with core basic science and clinical courses taught in facilities under its control? (Yes/No) _____

If no, what are their arrangements for teaching facilities?

2. Does the school have its own on-site permanent full-time faculty? (Yes/No) _____

If no, what are their arrangements for faculty?

3. Does the school have its own on-site teaching hospital(s)? (Yes/No) _____

If no, where do the students obtain their clinical training?

4. What is the ratio of foreign nationals to U.S. citizens enrolled in the school?

Signature of official completing this form _____

Name and title _____

Department/Division making request: Anesthesiology/Critical Care Medicine

Preceptor's Name: Scott Mittman, M.D., Ph.D., Director of Residency and Education