

CONFIDENTIAL REFERENCE REPORT

TO THE APPLICANT: You need three of these forms for your three references. Please see instructions on the form.

Applicant's Name _____

Applicant's Address _____

Applicant's Telephone Number _____

TO THE REFERENCE:

The candidate whose name appears above considers you able to assess his/her qualifications as a fellow candidate for the Academic General Pediatric/Primary Care Fellowship Program. The program provides training opportunities to physicians who have completed their residencies and aspire to faculty positions. Formal training in teaching methodologies, epidemiology, also statistics, computers and health care research will be offered. Each fellow must design, implement and analyze a research project and will be directly involved in health care delivery and medical and graduate medical education.

INSTRUCTIONS:

	Unable To Judge	Poor Lowest 25%	Fair Middle 26%-75%	Excellent Top 76%-90%	Outstanding Top 91-100%
	0	1	2	3	4
<p>(1.) Please complete the chart on the right. Rate the applicant by writing the number which most nearly represents your opinion of the applicant in comparison with a representative group of individuals you have known who have had approximately the same training and experience.</p> <p>(2.) In an accompanying letter, please elaborate on the applicant's performance on the basis of which you arrived at your assessment, citing, if possible, specific illustrations. In addition, indicate the candidate's points of greatest strength and weakness and comment on his/her personal and professional qualifications for a career in academic pediatrics.</p> <p><u>This Form Will Not Be Reviewed Without The Accompanying Letter</u></p> <p>(3) DO NOT RETURN THE COMPLETED FORM TO THE APPLICANT. PLEASE MAIL DIRECTLY WITH YOUR LETTER TO THE PROGRAM:</p>	<p>Initiative _____</p> <p>Ability to meet deadlines _____</p> <p>Clinical ability _____</p> <p>Interpersonal facility with peers _____</p> <p>Interpersonal facility with patients _____</p> <p>Potential skill at research _____</p> <p>Clinical judgment/critical sense _____</p> <p>Academic performance _____</p> <p>Leadership capacity _____</p> <p>Ability to function in a stressful environment _____</p> <p>Ability to communicate (Written) _____</p> <p>Ability to communicate (Spoken) _____</p> <p>Teaching ability _____</p> <p>Overall evaluation _____</p>				

Signature of person providing reference

Printed name of person providing reference

Date

Title of person providing reference

Institution

Telephone Number