



Plastic Surgery Residency Recommendation Form

Applicant's Name:

Reference Provided by:

Present position:

Institution:

Telephone #:

1. How long have you known the applicant?

2. Nature of contact with the applicant (Check those that apply)

Advisor

Program Director

The applicant has rotated on my service for _____ weeks

On a plastic surgery rotation

On a _____ rotation

I have written a paper with the applicant

The applicant has performed research

I have not worked directly with the applicant; based on others' evaluations

Other, please explain:

3. How would you rate this candidate's professionalism (choose one)?

Exceptional No Issues Questionable Unethical

Compared to other applicants I have worked with, I would rank this applicant (Please check the most appropriate response):

	Top 5% (Excellent)	Top 10% (Very Good)	Top 25% (Above Average)	Top 50% (Average)	Below 50% (Poor)	Not Enough Exposure (Unable to Rate)
Overall compared to other applicants						
Work Ethic						
Conscientiousness						
Technical ability						
Self-Initiative						
Communication skills						
Academic skills						
Team player						

What is this applicant's strongest point?

We all have flaws- what is this applicant's weakest point?

Is there anything about the applicant that his or her record may not convey?

Out of a list of 20 applicants for one spot, I would rank this applicant (choose one):

Number 1 2-5 5-10 10-20 would not rank

Please call me about this applicant Yes No

Written Comments: (If the space in this block is insufficient or if you wish to write a traditional letter of recommendation, please submit it as a separate attachment.)

Signature

Date

Waived Right to See