

Applicant Reference Form for UNSOM Geriatrics Fellowship

Name of Applicant: _____

Release of access to this recommendation: This applicant must complete and sign the following statement before submitting this form to the evaluator to be in compliance with Federal Law PL 93-380, Family Education Rights and Privacy Act of 1974.

I waive my right to access this letter of recommendation _____ (initial in acceptance) **OR**

I do not waive my right to this letter of recommendation _____ (initial in acceptance)

Signature of Applicant _____

To the evaluator: Please circle the letter most closely corresponding to the applicant's behavior and add any additional comments you feel are needed. Please place completed evaluation in a sealed envelope and sign your name across the seal. You may fax a copy to 775-328-1815 or email a copy to diane.chau@va.gov, but an original must be mailed. Thank you for completing this reference.

1. In what capacity have you been associated with the applicant:
 - a. As Program Director, Dean, Chairman
 - b. Supervising him/her on clinical rounds
 - c. Supervising him/her on a geriatrics rotation
 - d. As a Peer in a work situation
 - e. Other _____

2. How well do you know the applicant?
 - a. Very well
 - b. Fairly well
 - c. Slightly

3. How many years or months have you known the applicant?
 - a. 0-1 month
 - b. 1-3 months
 - c. 3-6 months
 - d. 6 – 12 months
 - e. 1 year
 - f. 2 years
 - g. 3 years or more

Please indicate your opinion of this applicant by circling the appropriate letter.

1. Dependability/attendance
 - a. Always punctual, always follows up, detail oriented
 - b. Usually punctual, rarely misses orders, rarely has error in notes
 - c. Often tardy, does not follow up, errors in progress notes often
 - d. Can not access

2. Cooperation
 - a. Often works enthusiastically under supervision, does assigned tasks and usually adapts to new situations cheerfully, often will do or ask for extra assignments, often facilitates group discussions, rarely complains when having to cover for other residents in unexpected situations such as illness.
 - b. Does assigned work but seldom works or shows interest beyond that task; average team player
 - c. Argumentative with supervisors or peers; not adaptable; complains
 - d. Unable to judge

3. Communication
 - a. Able to communicate clearly and concisely with others, easy to talk with
 - b. Usually communicates adequately, sometimes uncomfortable with people
 - c. Inconsiderate of others feelings, incommunicative
 - d. Unable to judge

4. Emotional control
 - a. Even tempered, thinks and acts reliably even under stress
 - b. Sometimes becomes flustered or confused
 - c. Goes to pieces under stress, querulous and stubborn
 - d. Unable to judge

5. Decision making
 - a. Makes decisions thoughtfully and in a timely manner, makes right decisions, able to weigh aspects of situation and set priorities
 - b. Usually makes best decision after some thought, at times some uncertainty, difficulty setting priorities
 - c. Unable to set priorities, often changes mind, unsure of self
 - d. Unable to judge

6. Professional curiosity
 - a. Asks questions, reads about clinical cases, eager to do independent literature review
 - b. Keeps up with necessary information relating to work
 - c. Uninterested in work beyond daily performance of tasks
 - d. Unable to judge

7. Motivation
 - a. Always sets goals and completes them, self disciplined
 - b. Capable of pursuing goals, but has difficulty with minor obstacles
 - c. Changes mind frequently, seldom finishes tasks begun, uncertain career goals
 - d. Unable to judge

Has this candidate required tutoring, retake exams, or difficulty in courses, rotations, or clinical settings? If yes, please explain.

Do you have any reason to question this candidate's honesty or integrity? If yes, please explain.

How would you feel about having this person in a responsible position under your direction?

- a. Definitely would want him/her
- b. Would want him/her
- c. Would be satisfied to have him/her
- d. Would prefer not to have him/her
- e. Definitely would not want him/her
- f. Unable to judge

Narrative comments: include extra pages if you wish, detailing any issues you feel are not addressed in this form. **If this form is completed by the Program Director**, please attach residents most recent competency based performance summary. If not available, please address whether the resident adequately performed in all competency domains.

Evaluated by _____
Signature

Print name _____

Title:

Contact information (include email/phone):

Street

Address _____

City, State

Zip _____

Phone _____

email _____

Date: