

EVALUATION FORM

Page 1 of 4



TO THE APPLICANT Please complete this section and give it to the person who has agreed to serve as your reference and complete the application Evaluation Form. This form must be submitted together with the other application documents by required deadline as part of your application packet. This form must be in its unopened, original, sealed envelope with the signature of your reference across the seal to be considered as part of the application packet. It is your sole responsibility, during all phases of the application process, to be apprised of the deadlines and ensure that all necessary forms, documentation and other required elements of the application are submitted to the selection committee on time. **Incomplete packets will not be considered.**

By signing below, you waive the right to view this evaluation form. In the interest of maintaining the strictest standards of confidentiality, forms that are not signed (and any attachments associated with unsigned forms) will be considered incomplete and will not be considered as part of the application.

I, the undersigned, understand this is a confidential evaluation form. I understand neither this form nor any related submissions will be made available to anyone outside Bastyr University and ITI unless required by legal action. I understand this record will be destroyed one year after my application for residency. I will not ask to review this form or any associated submissions.

Applicant's Legal Signature _____ Date _____

Applicant's Legal Name _____

Applicant's Address _____

City/State/Zip _____ Phone _____

TO THE EVALUATOR The person named above is applying **for the ITI-AANP STAIR Residency position**. The applicant requested your evaluation be included as part of the information on which the selection committee will base their decision. **Please respond frankly to the questions and issues on this form and feel free to include or attach any additional pertinent comments.** These records will be destroyed one year after the selection process and the applicant will not be allowed to review your submission unless otherwise required by legal action. Evaluations are a critical component in a candidate's application. Please return this form to the applicant in the original envelope, sealed and signed across the seal so the applicant may mail it with his/her application.

Due to the sensitive nature of this evaluation and our request for your honest assessment of this individual, the candidate has been apprised that any indication of a breach of the confidential nature of this form will result in immediate and permanent termination of their residency application.

On behalf of the applicant, the Resident Selection Committee would like to thank you for agreeing to serve as a reference. Please understand that as a reference you may be contacted to address additional questions or concerns if necessary. In order to facilitate this process, we ask that you provide the selection committee with the necessary contact information.

Evaluator's relationship with the applicant (please check only one condition that applies):

- Clinical Supervising Physician
- Clinical Faculty Member
- Clinical Faculty Member, Clinical Preceptor, or Other Medical Professional

I have known the candidate for:

1 quarter (3 months) 2 quarters (6 months) 3 quarters (9 months) 4 quarters (12 months) >4 quarters (>12 months)

By signing below, you certify that all information contained on this form and any associated submissions are true to the best of your knowledge.

Evaluator's Legal Signature _____ Date _____

Evaluator's Legal Name _____

Evaluator's Address _____

City/State/Zip _____ Work Phone _____ Best Time to Call _____

EVALUATION FORM

Applicant Name: _____

Page 2 of 4

TO THE EVALUATOR Your evaluation is a critical component of the candidate's application. Please take your time to respond to the categories on this form and feel free to include any additional pertinent comments. Please assess the applicant's style and skill level in the following categories. Check ALL traits that apply to this candidate and rate accordingly. Feel free to write additional comments.

I. Communication Skills

A. Verbal Style

- Direct Deliberate Reflective Circuitous Appropriate Formal
 Inappropriate Articulate Informal Clear Excessive Disjointed

How would you rate this applicant in this category? (Please shade the appropriate number) →	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

B. Aural Style (Listening)

- Unmindful Attentive Distracted Empathetic Pretentious Thoughtful
 Reflective Insensitive Responsive Dull Focused Oblivious

How would you rate this applicant in this category? (Please shade the appropriate number) →	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

C. Written Communication

- Excellent Competent Good Satisfactory Adequate Poor

How would you rate this applicant in this category? (Please shade the appropriate number) →	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

D. Group Interactions

- Reserved Focused Motivating Respectful Passionate Shows Initiative
 Leader Uninterested Dominating Needs prompting Inclusive Timid

How would you rate this applicant in this category? (Please shade the appropriate number) →	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

E. Case / Clinical Presentation Skills

- Concise Confusing Reflective Circuitous Well researched Formal
 Unprepared Articulate Informal Clear Excessive Disjointed

How would you rate this applicant in this category? (Please shade the appropriate number) →	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

II. Situational Performance

A. Medical Emergency

- Panicked Focused Hesitant Competent Unsure Cannot Evaluate
 Quick Inappropriate Calm Scattered Organized

How would you rate this applicant in this category? (Please shade the appropriate number) →	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

B. Last minute changes in schedule or patient appointments

- Accepting Irritable Composed Frustrated Adaptable Cooperative Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number) →	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

EVALUATION FORM

Applicant Name: _____

Page 3 of 4

C. Attitude on patient of different racial, socioeconomic, religious, sexual orientation, or cultural background

- Accepting
 Judgmental
 Respectful
 Avoidant
 Receptive
 Dismissive
 Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

D. Challenging Patients (patients whose behaviors are angry, admiring, cynical, etc.)

- Empathetic
 Reactive
 Helpful
 Appropriate
 Avoidant
 Accepting
 Cannot Evaluate
 Confrontational
 Responsive
 Fearful
 Dismissive
 Patient
 Controlling

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

E. Friction with Supervisor, Student, Staff

- Communicative
 Reactive
 Professional
 Appropriate
 Antagonistic
 Calm
 Cannot Evaluate
 Avoidant
 Responsible
 Spiteful
 Passive
 Ethical
 Controlling

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

III. Medical Expertise

A. When taking the clinical history and review of system

- Thorough
 Nonchalant
 Methodical
 Disorganized
 Competent
 Dismissive
 Cannot Evaluate
 Uncertain
 Adequate
 Inappropriate
 Excellent
 Poor
 Confident

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

B. When recognizing abnormal results on a Physical Exam

- Adept
 Dismissive
 Methodical
 Unaware
 Competent
 Undiscerning
 Cannot Evaluate
 Uncertain
 Adequate
 Nonchalant
 Thorough
 Poor
 Confident

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

C. When interpreting and analyzing abnormal results on PE, Lab, or Imaging

- Adept
 Dismissive
 Methodical
 Unaware
 Competent
 Undiscerning
 Cannot Evaluate
 Uncertain
 Adequate
 Nonchalant
 Thorough
 Poor
 Logical

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

D. When prescribing and dosing of nutritional supplements

- Appropriate
 Anecdotal
 Knowledgeable
 Intuitive
 Competent
 Adamant
 Cannot Evaluate
 Baseless
 Methodical
 Overuses
 Thorough
 Inadequate
 Safe

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

E. When prescribing and dosing of naturopathic remedies

- Appropriate
 Anecdotal
 Knowledgeable
 Intuitive
 Competent
 Adamant
 Cannot Evaluate
 Baseless
 Methodical
 Overuses
 Thorough
 Inadequate
 Safe

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

EVALUATION FORM

Applicant Name: _____

F. When prescribing and dosing of homeopathic remedies

- Appropriate Anecdotal Knowledgeable Intuitive Competent Adamant **Cannot Evaluate**
 Baseless Methodical Overuses Thorough Inadequate Safe

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

G. When prescribing, formulating, and dosing of botanical formulas

- Appropriate Anecdotal Knowledgeable Intuitive Competent Adamant **Cannot Evaluate**
 Baseless Methodical Overuses Thorough Inadequate Safe

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

H. Technique, Application, and Use of Hydrotherapy

- Appropriate Anecdotal Knowledgeable Intuitive Competent Adamant **Cannot Evaluate**
 Baseless Methodical Overuses Thorough Inadequate Safe

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

I. Technique, Application, and Use of Physical Medicine

- Appropriate Anecdotal Knowledgeable Intuitive Competent Adamant **Cannot Evaluate**
 Baseless Methodical Overuses Thorough Inadequate Safe

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

J. Technique, Application, and Use of Lifestyle and Diet

- Appropriate Anecdotal Knowledgeable Intuitive Competent Adamant **Cannot Evaluate**
 Baseless Methodical Overuses Thorough Inadequate Safe

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

K. Incorporation of the Principles of Naturopathic Medicine – Philosophy/Treatment / Management

- Appropriate Anecdotal Knowledgeable Intuitive Competent Adamant **Cannot Evaluate**
 Baseless Methodical Overuses Thorough Inadequate Safe

How would you rate this applicant overall? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

IV. Additional Information

A. If not covered by the previous questions, please list the applicant's strengths AND/OR weaknesses.

B. Please add other information about this applicant that you would like us to know.

How would you rate this applicant overall? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Based on the evaluation that you have indicated above, please select the statement that best applies.

- I **WOULD NOT RECOMMEND** this candidate to your residency program.
 I would recommend this candidate to your residency program, **BUT WITH SOME RESERVATIONS.**
 I **WOULD RECOMMEND** this candidate to your residency program.
 I **WOULD HIGHLY RECOMMEND** this candidate to your residency program.

Printed Name: _____ Signature of Evaluator: _____ Date: _____

EVALUATION FORM

Page 1 of 4



TO THE APPLICANT Please complete this section and give it to the person who has agreed to serve as your reference and complete the application Evaluation Form. This form must be submitted together with the other application documents by required deadline as part of your application packet. This form must be in its unopened, original, sealed envelope with the signature of your reference across the seal to be considered as part of the application packet. It is your sole responsibility, during all phases of the application process, to be apprised of the deadlines and ensure that all necessary forms, documentation and other required elements of the application are submitted to the selection committee on time. **Incomplete packets will not be considered.**

By signing below, you waive the right to view this evaluation form. In the interest of maintaining the strictest standards of confidentiality, forms that are not signed (and any attachments associated with unsigned forms) will be considered incomplete and will not be considered as part of the application.

I, the undersigned, understand this is a confidential evaluation form. I understand neither this form nor any related submissions will be made available to anyone outside Bastyr University and ITI unless required by legal action. I understand this record will be destroyed one year after my application for residency. I will not ask to review this form or any associated submissions.

Applicant's Legal Signature _____ Date _____

Applicant's Legal Name _____

Applicant's Address _____

City/State/Zip _____ Phone _____

TO THE EVALUATOR The person named above is applying for the **ITI-AANP STAIR Residency position**. The applicant requested your evaluation be included as part of the information on which the selection committee will base their decision. **Please respond frankly to the questions and issues on this form and feel free to include or attach any additional pertinent comments.** These records will be destroyed one year after the selection process and the applicant will not be allowed to review your submission unless otherwise required by legal action. Evaluations are a critical component in a candidate's application. Please return this form to the applicant in the original envelope, sealed and signed across the seal so the applicant may mail it with his/her application.

Due to the sensitive nature of this evaluation and our request for your honest assessment of this individual, the candidate has been apprised that any indication of a breach of the confidential nature of this form will result in immediate and permanent termination of their residency application.

On behalf of the applicant, the Resident Selection Committee would like to thank you for agreeing to serve as a reference. Please understand that as a reference you may be contacted to address additional questions or concerns if necessary. In order to facilitate this process, we ask that you provide the selection committee with the necessary contact information.

Evaluator's relationship with the applicant (please check only one condition that applies):

- Clinical Supervising Physician**
- Clinical Faculty Member**
- Clinical Faculty Member, Clinical Preceptor, or Other Medical Professional**

I have known the candidate for:

- 1 quarter (3 months) 2 quarters (6 months) 3 quarters (9 months) 4 quarters (12 months) >4 quarters (>12 months)

By signing below, you certify that all information contained on this form and any associated submissions are true to the best of your knowledge.

Evaluator's Legal Signature _____ Date _____

Evaluator's Legal Name _____

Evaluator's Address _____

City/State/Zip _____ Work Phone _____ Best Time to Call _____

EVALUATION FORM

Applicant Name: _____

Page 2 of 4

TO THE EVALUATOR Your evaluation is a critical component of the candidate's application. Please take your time to respond to the categories on this form and feel free to include any additional pertinent comments. Please assess the applicant's style and skill level in the following categories. Check ALL traits that apply to this candidate and rate accordingly. Feel free to write additional comments.

I. Communication Skills

A. Verbal Style

- Direct Deliberate Reflective Circuitous Appropriate Formal
 Inappropriate Articulate Informal Clear Excessive Disjointed

How would you rate this applicant in this category? (Please shade the appropriate number) →	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

B. Aural Style (Listening)

- Unmindful Attentive Distracted Empathetic Pretentious Thoughtful
 Reflective Insensitive Responsive Dull Focused Oblivious

How would you rate this applicant in this category? (Please shade the appropriate number) →	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

C. Written Communication

- Excellent Competent Good Satisfactory Adequate Poor

How would you rate this applicant in this category? (Please shade the appropriate number) →	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

D. Group Interactions

- Reserved Focused Motivating Respectful Passionate Shows Initiative
 Leader Uninterested Dominating Needs prompting Inclusive Timid

How would you rate this applicant in this category? (Please shade the appropriate number) →	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

E. Case / Clinical Presentation Skills

- Concise Confusing Reflective Circuitous Well researched Formal
 Unprepared Articulate Informal Clear Excessive Disjointed

How would you rate this applicant in this category? (Please shade the appropriate number) →	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

II. Situational Performance

A. Medical Emergency

- Panicked Focused Hesitant Competent Unsure Cannot Evaluate
 Quick Inappropriate Calm Scattered Organized

How would you rate this applicant in this category? (Please shade the appropriate number) →	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

B. Last minute changes in schedule or patient appointments

- Accepting Irritable Composed Frustrated Adaptable Cooperative Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number) →	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

EVALUATION FORM

Applicant Name: _____

C. Attitude on patient of different racial, socioeconomic, religious, sexual orientation, or cultural background

- Accepting
 Judgmental
 Respectful
 Avoidant
 Receptive
 Dismissive
 Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

D. Challenging Patients (patients whose behaviors are angry, admiring, cynical, etc.)

- Empathetic
 Reactive
 Helpful
 Appropriate
 Avoidant
 Accepting
 Cannot Evaluate
 Confrontational
 Responsive
 Fearful
 Dismissive
 Patient
 Controlling

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

E. Friction with Supervisor, Student, Staff

- Communicative
 Reactive
 Professional
 Appropriate
 Antagonistic
 Calm
 Cannot Evaluate
 Avoidant
 Responsible
 Spiteful
 Passive
 Ethical
 Controlling

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

III. Medical Expertise

A. When taking the clinical history and review of system

- Thorough
 Nonchalant
 Methodical
 Disorganized
 Competent
 Dismissive
 Cannot Evaluate
 Uncertain
 Adequate
 Inappropriate
 Excellent
 Poor
 Confident

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

B. When recognizing abnormal results on a Physical Exam

- Adept
 Dismissive
 Methodical
 Unaware
 Competent
 Undiscerning
 Cannot Evaluate
 Uncertain
 Adequate
 Nonchalant
 Thorough
 Poor
 Confident

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

C. When interpreting and analyzing abnormal results on PE, Lab, or Imaging

- Adept
 Dismissive
 Methodical
 Unaware
 Competent
 Undiscerning
 Cannot Evaluate
 Uncertain
 Adequate
 Nonchalant
 Thorough
 Poor
 Logical

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

D. When prescribing and dosing of nutritional supplements

- Appropriate
 Anecdotal
 Knowledgeable
 Intuitive
 Competent
 Adamant
 Cannot Evaluate
 Baseless
 Methodical
 Overuses
 Thorough
 Inadequate
 Safe

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

E. When prescribing and dosing of naturopathic remedies

- Appropriate
 Anecdotal
 Knowledgeable
 Intuitive
 Competent
 Adamant
 Cannot Evaluate
 Baseless
 Methodical
 Overuses
 Thorough
 Inadequate
 Safe

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

EVALUATION FORM

Applicant Name: _____

F. When prescribing and dosing of homeopathic remedies

- Appropriate Anecdotal Knowledgeable Intuitive Competent Adamant **Cannot Evaluate**
 Baseless Methodical Overuses Thorough Inadequate Safe

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

G. When prescribing, formulating, and dosing of botanical formulas

- Appropriate Anecdotal Knowledgeable Intuitive Competent Adamant **Cannot Evaluate**
 Baseless Methodical Overuses Thorough Inadequate Safe

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

H. Technique, Application, and Use of Hydrotherapy

- Appropriate Anecdotal Knowledgeable Intuitive Competent Adamant **Cannot Evaluate**
 Baseless Methodical Overuses Thorough Inadequate Safe

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

I. Technique, Application, and Use of Physical Medicine

- Appropriate Anecdotal Knowledgeable Intuitive Competent Adamant **Cannot Evaluate**
 Baseless Methodical Overuses Thorough Inadequate Safe

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

J. Technique, Application, and Use of Lifestyle and Diet

- Appropriate Anecdotal Knowledgeable Intuitive Competent Adamant **Cannot Evaluate**
 Baseless Methodical Overuses Thorough Inadequate Safe

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

K. Incorporation of the Principles of Naturopathic Medicine – Philosophy/Treatment / Management

- Appropriate Anecdotal Knowledgeable Intuitive Competent Adamant **Cannot Evaluate**
 Baseless Methodical Overuses Thorough Inadequate Safe

How would you rate this applicant overall? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

IV. Additional Information

A. If not covered by the previous questions, please list the applicant's strengths AND/OR weaknesses.

B. Please add other information about this applicant that you would like us to know.

How would you rate this applicant overall? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Based on the evaluation that you have indicated above, please select the statement that best applies.

- I **WOULD NOT RECOMMEND** this candidate to your residency program.
 I would recommend this candidate to your residency program, **BUT WITH SOME RESERVATIONS.**
 I **WOULD RECOMMEND** this candidate to your residency program.
 I **WOULD HIGHLY RECOMMEND** this candidate to your residency program.

Printed Name: _____ Signature of Evaluator: _____ Date: _____

EVALUATION FORM

Page 1 of 4



TO THE APPLICANT Please complete this section and give it to the person who has agreed to serve as your reference and complete the application Evaluation Form. This form must be submitted together with the other application documents by required deadline as part of your application packet. This form must be in its unopened, original, sealed envelope with the signature of your reference across the seal to be considered as part of the application packet. It is your sole responsibility, during all phases of the application process, to be apprised of the deadlines and ensure that all necessary forms, documentation and other required elements of the application are submitted to the selection committee on time. **Incomplete packets will not be considered.**

By signing below, you waive the right to view this evaluation form. In the interest of maintaining the strictest standards of confidentiality, forms that are not signed (and any attachments associated with unsigned forms) will be considered incomplete and will not be considered as part of the application.

I, the undersigned, understand this is a confidential evaluation form. I understand neither this form nor any related submissions will be made available to anyone outside Bastyr University and ITI unless required by legal action. I understand this record will be destroyed one year after my application for residency. I will not ask to review this form or any associated submissions.

Applicant's Legal Signature _____ Date _____

Applicant's Legal Name _____

Applicant's Address _____

City/State/Zip _____ Phone _____

TO THE EVALUATOR The person named above is applying for the **ITI-AANP STAIR Residency position**. The applicant requested your evaluation be included as part of the information on which the selection committee will base their decision. **Please respond frankly to the questions and issues on this form and feel free to include or attach any additional pertinent comments.** These records will be destroyed one year after the selection process and the applicant will not be allowed to review your submission unless otherwise required by legal action. Evaluations are a critical component in a candidate's application. Please return this form to the applicant in the original envelope, sealed and signed across the seal so the applicant may mail it with his/her application.

Due to the sensitive nature of this evaluation and our request for your honest assessment of this individual, the candidate has been apprised that any indication of a breach of the confidential nature of this form will result in immediate and permanent termination of their residency application.

On behalf of the applicant, the Resident Selection Committee would like to thank you for agreeing to serve as a reference. Please understand that as a reference you may be contacted to address additional questions or concerns if necessary. In order to facilitate this process, we ask that you provide the selection committee with the necessary contact information.

Evaluator's relationship with the applicant (please check only one condition that applies):

- Clinical Supervising Physician
- Clinical Faculty Member
- Clinical Faculty Member, Clinical Preceptor, or Other Medical Professional

I have known the candidate for:

- 1 quarter (3 months) 2 quarters (6 months) 3 quarters (9 months) 4 quarters (12 months) >4 quarters (>12 months)

By signing below, you certify that all information contained on this form and any associated submissions are true to the best of your knowledge.

Evaluator's Legal Signature _____ Date _____

Evaluator's Legal Name _____

Evaluator's Address _____

City/State/Zip _____ Work Phone _____ Best Time to Call _____

EVALUATION FORM

Applicant Name: _____

Page 2 of 4

TO THE EVALUATOR Your evaluation is a critical component of the candidate's application. Please take your time to respond to the categories on this form and feel free to include any additional pertinent comments. Please assess the applicant's style and skill level in the following categories. Check ALL traits that apply to this candidate and rate accordingly. Feel free to write additional comments.

I. Communication Skills

A. Verbal Style

- Direct Deliberate Reflective Circuitous Appropriate Formal
 Inappropriate Articulate Informal Clear Excessive Disjointed

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

B. Aural Style (Listening)

- Unmindful Attentive Distracted Empathetic Pretentious Thoughtful
 Reflective Insensitive Responsive Dull Focused Oblivious

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

C. Written Communication

- Excellent Competent Good Satisfactory Adequate Poor

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

D. Group Interactions

- Reserved Focused Motivating Respectful Passionate Shows Initiative
 Leader Uninterested Dominating Needs prompting Inclusive Timid

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

E. Case / Clinical Presentation Skills

- Concise Confusing Reflective Circuitous Well researched Formal
 Unprepared Articulate Informal Clear Excessive Disjointed

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

II. Situational Performance

A. Medical Emergency

- Panicked Focused Hesitant Competent Unsure Cannot Evaluate
 Quick Inappropriate Calm Scattered Organized

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

B. Last minute changes in schedule or patient appointments

- Accepting Irritable Composed Frustrated Adaptable Cooperative Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

EVALUATION FORM

Applicant Name: _____

Page 3 of 4

C. Attitude on patient of different racial, socioeconomic, religious, sexual orientation, or cultural background

- Accepting
 Judgmental
 Respectful
 Avoidant
 Receptive
 Dismissive
 Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

D. Challenging Patients (patients whose behaviors are angry, admiring, cynical, etc.)

- Empathetic
 Reactive
 Helpful
 Appropriate
 Avoidant
 Accepting
 Cannot Evaluate
 Confrontational
 Responsive
 Fearful
 Dismissive
 Patient
 Controlling

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

E. Friction with Supervisor, Student, Staff

- Communicative
 Reactive
 Professional
 Appropriate
 Antagonistic
 Calm
 Cannot Evaluate
 Avoidant
 Responsible
 Spiteful
 Passive
 Ethical
 Controlling

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

III. Medical Expertise

A. When taking the clinical history and review of system

- Thorough
 Nonchalant
 Methodical
 Disorganized
 Competent
 Dismissive
 Cannot Evaluate
 Uncertain
 Adequate
 Inappropriate
 Excellent
 Poor
 Confident

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

B. When recognizing abnormal results on a Physical Exam

- Adept
 Dismissive
 Methodical
 Unaware
 Competent
 Undiscerning
 Cannot Evaluate
 Uncertain
 Adequate
 Nonchalant
 Thorough
 Poor
 Confident

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

C. When interpreting and analyzing abnormal results on PE, Lab, or Imaging

- Adept
 Dismissive
 Methodical
 Unaware
 Competent
 Undiscerning
 Cannot Evaluate
 Uncertain
 Adequate
 Nonchalant
 Thorough
 Poor
 Logical

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

D. When prescribing and dosing of nutritional supplements

- Appropriate
 Anecdotal
 Knowledgeable
 Intuitive
 Competent
 Adamant
 Cannot Evaluate
 Baseless
 Methodical
 Overuses
 Thorough
 Inadequate
 Safe

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

E. When prescribing and dosing of naturopathic remedies

- Appropriate
 Anecdotal
 Knowledgeable
 Intuitive
 Competent
 Adamant
 Cannot Evaluate
 Baseless
 Methodical
 Overuses
 Thorough
 Inadequate
 Safe

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

EVALUATION FORM

Applicant Name: _____

F. When prescribing and dosing of homeopathic remedies

- Appropriate Anecdotal Knowledgeable Intuitive Competent Adamant **Cannot Evaluate**
 Baseless Methodical Overuses Thorough Inadequate Safe

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

G. When prescribing, formulating, and dosing of botanical formulas

- Appropriate Anecdotal Knowledgeable Intuitive Competent Adamant **Cannot Evaluate**
 Baseless Methodical Overuses Thorough Inadequate Safe

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

H. Technique, Application, and Use of Hydrotherapy

- Appropriate Anecdotal Knowledgeable Intuitive Competent Adamant **Cannot Evaluate**
 Baseless Methodical Overuses Thorough Inadequate Safe

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

I. Technique, Application, and Use of Physical Medicine

- Appropriate Anecdotal Knowledgeable Intuitive Competent Adamant **Cannot Evaluate**
 Baseless Methodical Overuses Thorough Inadequate Safe

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

J. Technique, Application, and Use of Lifestyle and Diet

- Appropriate Anecdotal Knowledgeable Intuitive Competent Adamant **Cannot Evaluate**
 Baseless Methodical Overuses Thorough Inadequate Safe

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

K. Incorporation of the Principles of Naturopathic Medicine – Philosophy/Treatment / Management

- Appropriate Anecdotal Knowledgeable Intuitive Competent Adamant **Cannot Evaluate**
 Baseless Methodical Overuses Thorough Inadequate Safe

How would you rate this applicant overall? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

IV. Additional Information

A. If not covered by the previous questions, please list the applicant's strengths AND/OR weaknesses.

B. Please add other information about this applicant that you would like us to know.

How would you rate this applicant overall? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Based on the evaluation that you have indicated above, please select the statement that best applies.

- I **WOULD NOT RECOMMEND** this candidate to your residency program.
 I would recommend this candidate to your residency program, **BUT WITH SOME RESERVATIONS.**
 I **WOULD RECOMMEND** this candidate to your residency program.
 I **WOULD HIGHLY RECOMMEND** this candidate to your residency program.

Printed Name: _____ Signature of Evaluator: _____ Date: _____