



DESCRIPTION OF THE APPLICATION PROCESS

Welcome to the 2009 application process of the **ITI-AANP STAIR Residency Scholarship Program**. Bastyr University is a recognized sponsor of postdoctoral naturopathic medical education by the Council of Naturopathic Medical Education (CNME) and will be facilitating the application process for this residency. Students from all US-based, accredited, naturopathic colleges are encouraged to apply. Below is a list of the contents of this application packet. **Please read the following pages carefully.**

Contents of this application packet

1. Description of the application process
2. Applicant General Data Sheet
3. Instructions for writing a Résumé and résumé template
4. Instructions for writing a Personal Statement and answering the Essay Questions
5. Three (3) Evaluation Forms

Applicant Eligibility

To qualify as an applicant for the 2009 ITI-AANP STAIR Residency Scholarship Program, the successful candidate shall possess by the start of the program the following:

1. A Naturopathic Doctor degree from a college or university that has been accredited or has been granted candidate status by the Council for Naturopathic Medical Education;
2. Successful completion of the NPLEX and ability to secure a license to practice naturopathic medicine from the appropriate licensing jurisdiction, and;
3. Ability to present that appropriate documents that will verify their legal right to work in the United States with 72 hours of employment.
4. If you are selected as a recipient of the ITI-AANP STAIR Residency Scholarship, you will be required to become a member of the AANP before your residency start date, at your own expense.

Please submit or mail the complete application packet to the following address by January 26, 2009:

***Gary Garcia, MD, MHA
Bastyr Center for Natural Health
3670 Stone Way N
Seattle, WA 98103***

If you are applying to the ITI-AANP STAIR Program, you must complete this application and submit all the required documents to the above address.

For inquiries regarding the application process, please contact Dr. Gary Garcia at (206) 834-4124 or via email at ggarcia@bastyr.edu. It is strongly recommended that you make a copy of your application for your records before submitting all documents.



Application Process

This is a candidate managed application process. This means that you are responsible for collating all required elements of the application and submitting completed application packets before the deadline on **January 26, 2009**. No applications will be received or processed **after 5 p.m.** of the deadline date unless the posting is reopened.

It is your sole responsibility, during all phases of the application process, to know, understand, and comply with all deadlines and ensure that all forms, documentation and other required elements of the application are submitted to the selection committee on time.

All official transcripts and supporting documents must be included with your application. The selection committee will not review documents and information other than those required by the residency application checklist. **Please ensure that the persons who have agreed to be your reference read the enclosed instructions for each form.** All documents will be kept confidential and are solely for use by the selection committee. The applicant must submit transcripts and forms in sealed envelopes with an authorized signature across the envelope seal. **If the selection committee suspects that document or seal has been altered or tampered with in any way, your residency application may be immediately and permanently terminated.**

This residency program is highly competitive. It is the goal of the STAIR Resident Selection Committee is to select residency candidates who best meet the needs and requirements of the position, and in the sole opinion of the committee will not only thrive, but who will excel beyond the minimum expectations of the program. As such, not all applicants will be invited for an interview. Candidates selected for interview will possess all of the following attributes:

1. Appropriate educational prerequisites as documented through the required official transcripts;
2. Eligibility to obtain, or current possession of an unrestricted license to practice naturopathic medicine in the appropriate licensing jurisdiction;
3. Demonstration of excellent written communication skills through completion of personal statement and essay questions;
4. Ability to project a strong ethical and moral character and to clearly articulate one's expectations, visions, and goals in his/her personal statement;
5. Ability to carefully reason and provide thoughtful, mature, and deliberate responses to the issues presented in the essay questions;
6. Strong background of relevant experiences, scholarly activities, teaching, and leadership experiences as documented in a résumé, and;
7. Superior marks in the evaluation forms as attested and verified by the applicant's chosen clinical supervisors/evaluators.

Timelines for the Application Process

Below are important dates in the resident application and selection process.

January 26, 2009 – Deadline for submitting application documents

February 23, 2009 – Interview process begins

April 13, 2009 – Offer letters are mailed to the successful candidates

April 27, 2009 – Deadline for candidates to submit signed Statement of Intent



Checklist for the Application Packet

To complete the Residency Application file, candidates must submit the following items. We strongly encourage using this as a checklist to ensure all necessary application components have been included.

- Applicant General Data Sheet
- Résumé** that will **highlight your background** of relevant experiences such as clinical experiences, scholarly activities, teaching, and leadership activities. Please refer to the enclosed “Instructions for writing your résumé” and sample résumé template.
- Official transcript from your graduating naturopathic college or university. **All applicants must submit transcripts in their original sealed envelopes with an authorized signature across the envelope seal.** If the selection committee suspects that a transcript has been altered or tampered with in any way, **your residency application may be immediately and permanently terminated.**
- Three (3) Evaluation Forms.** In the References Section of the general data sheet, please write the name and information of the three (3) persons who have agreed to be your reference and evaluators. Each person listed as reference must fill out one evaluation. **You must have a clinical supervisor as one reference, a clinical supervisor or clinical faculty as another, and either a clinical supervisor or faculty, clinical preceptor, or medical professional as a third.** All documents provided by your references are considered confidential and will be destroyed one year after the conclusion of the selection cycle. Each evaluation forms must be submitted in a sealed envelope with the evaluator’s signature across the flap of the envelope. Submitted documents that do not meet these requirements will be considered invalid.
- A complete, concise, one-page (*12 font typed, SINGLE-SPACED, single sided, with 1X1 inch margins*) personal statement of purpose indicating your reasons for applying to the program. Please read the enclosed instructions carefully. Type your name in the upper right hand corner of the page.
- A complete, concise, one-page (*12 font typed, DOUBLE-SPACED, single sided, 1x1 inch margins*) for each essay question. Please read the enclosed instructions carefully. Type your name in the upper right hand corner of each page.



APPLICANT GENERAL DATA SHEET

Last Name First MI

Street Address City State Zip

Day Phone Evening Phone Cell Phone

Email [] Applying for ITI-AANP STAIR Residency

Best way to contact: [] Day Phone [] Evening Phone [] Cell Phone [] Email [] Regular Mail

Are you over the age of 18? [] No [] Yes

Are you lawfully permitted to work in the United States? [] No [] Yes

Will you now or in the future require sponsorship for employment visa status? [] No [] Yes

Where did you hear about STAIR? _____

IMMIGRATION & CONTROL ACT: All new hires will be required to submit verification of their legal right to work in the US within 72 of beginning employment.

EDUCATION RECORD

I will complete (or have completed) my Naturopathic Doctor degree on: _____ (Month and Year)

My ND degree is from: _____ (Name of conferring school)

PERSONAL DATA

Have you been convicted of any criminal offense in the past 10 years? [] No [] Yes

If YES, indicate the nature of offense, date, court and disposition.

Is there anything that will interfere with your ability to perform, on a regular basis, the essential duties of the job for which you are now applying?



INSTRUCTIONS TO WRITING A RÉSUMÉ

Instructions for writing your Résumé

Please write your résumé in one (1) to a maximum of three (3) single-sided pages. Use 10-font type and single-space with 1 x 1 inch margins. Other than your title page, your résumé should have your name in the upper right hand corner of the page. **Please refer to the sample enclosed. It is important that you adhere to this format.**

Definition of Terms

Profile

The selection committee is interested in a short paragraph that summarizes and highlights all your special interests, skills, and strengths. Limit your description to a maximum of five (5) lines.

Education

1. Identify the institution from which you will receive the ND degree. Include the city, state, years attended, and expected date of graduation. Provide a short description of the program (to a maximum of 5 lines). Other than those required by the courses attended, provide a short description (to a maximum of 5 lines for each) of the research projects in which you participated as a primary investigator, co-investigator, or research assistant. List all your preceptorships – preceptor name, specialty or scope of practice, and hours attended.
2. Identify all institutions (if you transferred from a school other than that conferring the degree) for credits earned towards the ND degree. Include the city, state, and years attended. Provide a short description of the program (to a maximum of 5 lines). Other than those required by the courses attended, provide a short description (to a maximum of 5 lines for each) of the research projects in which you participated as a primary investigator, co-investigator, or research assistant. List all your preceptorships – preceptor name, scope of practice or specialty, and hours attended.
3. Identify all the institutions that you received your undergraduate and post-graduate degree(s). Include city, state, and years attended. Provide a short description of the program (to a maximum of 5 lines). Other than those required by the courses attended, provide a short description (to a maximum of 5 lines for each) of the campus or research projects in which you participated.

Related Experience

Identify the institution(s) or program(s) wherein you were able to demonstrate your **clinical / patient care, teaching, or leadership skills**. Include the city, state, and years worked or attended. Provide in bullet format (up to a max for 5 lines for each position) descriptions that will highlight you role and skills in the institution or program.



SAMPLE

First Name MI Last Name

Current Address of Student
City, State, Zip Code
Phone Number, Email Address

Profile

Desires a first year resident position in *the ITI-AANP STAIR Residency Scholarship Program*. Able to be effective in a practice of any size. Draw on experience with a range of patient issues, including additional work in women and children's care. Interested in health education for homeless. Strong desire to contribute to the success of a program through an ability to initiate and maintain relationships. Creative developer and presenter of educational information.

Education

Doctor of Naturopathic Medicine, Graduating June 2004

Bastyr University, Kenmore, WA 1999 – 2004

Completing an accredited program of coursework and supervised practice in Botanical, Homeopathic, and Physical Medicine. Extensive exposure to issues involving women and children. Additional work in nutrition.

Research Project

- ∞ Assisted the primary investigator in a double blind, randomized controlled trial conducted at the Bastyr Center for Natural Health that evaluated the effectiveness of herbal supplements towards the control of Diabetes Mellitus in post-menopausal women. Co-authored the research report that has been submitted for publication to the Journal of Alternative Medicine.

Preceptorships:

- ∞ James Smith, ND, General Practice, 20 hours.
- ∞ Agnes Carter, ND, Woman's Practice, 20 hours.

Bachelor of Science, Zoology

Miami University, Oxford, OH 1991 - 1995

- ∞ Participated in a community service project to increase citizen participation in a clean up campaign.
- ∞ Served as project leader in a fund raising project sponsored by the University Student Council towards helping homeless youths' return back to school.

Related Experience

Bastyr University, Kenmore, WA 2000-present

Teaching Assistant

- ∞ Assists professor in the Anatomy class.
- ∞ Guides students during cadaver dissections.
- ∞ Answers questions and demonstrate as needed.

Kenmore Youth Ministry, Kenmore, WA 2000-2001

Camp Group Leader

- ∞ Participated in community youth group activities.
- ∞ Developed activity programs now utilized by the youth ministry in helping children improve reading skills.

Franciscan Care Center Nursing Home, Seattle, WA 1998 - 1999

Volunteer Recreation Worker

- ∞ Provided social support to patients by reading to them, writing letters, and visiting with them.
- ∞ Formed friendships which enriched lives of patients

McCullough County Hospital, Oxford, OH 1995-1996

Volunteer Aide

- ∞ Performed reception and other office duties in the Maternity ward.

Morgan Mountain Sports, Oxford, OH 1995 – 1997

Owner and Operator

- ∞ Started and managed this recreation business which served enthusiasts and tourists in State park.
- ∞ Created radio promotions, flyers and interesting events which increased participation in mountain biking



INSTRUCTIONS FOR WRITING A PERSONAL STATEMENT AND ANSWERING THE ESSAY QUESTIONS

I. Instructions for writing a Personal Statement

Write a concise one page (**12 font typed, SINGLE-SPACED, single-sided with 1 X 1 inch margins**) personal statement. Write your name and ITI-AANP STAIR Program in the upper right hand corner of the page. In this statement, describe the following:

- a. Your reasons for applying to this particular program;
- b. Your expectations from the program;
- c. Why you think your application should be strongly considered, and;
- d. Your future plans upon completion of the residency program.

II. Instructions for answering the Essay Questions

Please answer all three essay questions. These questions are required as part of your residency application. For each essay question below, write a complete, concise, one page (**12 font typed, DOUBLE-SPACED, single sided with 1 X 1 inch margins**) answer. Type your name in the upper right hand corner of the page.

1. Essay Question 1: Being an effective clinical resident requires possessing not only professional leadership skills but also the ability to work well within a team.
 - a) How do you envision integrating these two seemingly different qualities in your role as a resident?
 - b) Please cite an example from your own experience wherein you achieved doing this.
2. Essay Question 2: Part of the experience of working in an academic clinical setting involves interactions with a diverse environment of patients, office staff, students, and other physicians. Situations sometimes arise that involve ethical dilemmas or various types of conflict.
 - a) Discuss how you approach conflict resolution and ethical dilemmas.
 - b) Please cite an example from your own experience wherein you applied this approach.
3. Essay Question 3: An important aspect of being a resident in integrative clinic is developing the ability to work well with practitioners of different professions, both naturopathic and non-naturopathic. Please identify a specific challenge that you may likely encounter and tell us how to intend to approach the situation. Please be as specific as possible.



EVALUATION FORM

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 the STAIR Resident Selection Committee 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 to the ITI-AANP STAIR Residency Scholarship program. 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 an envelope, sealed with your signature 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 STAIR 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: _____

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: _____