

CONFIDENTIAL REPORT ON CANDIDATE SEEKING ADMISSION FOR ADVANCED CLINICAL TRAINING PROGRAM OR PRECEPTORSHIP

Last, First Name

Name of Program: _____

NOTE TO RESPONDENTS: You have been selected as a reference by the named applicant who wishes to pursue a spot in one of our Preceptorship Programs. Your cooperation in completing this inquiry is greatly appreciated.

	Excellent	Above Average	Average	Below Average
Professional Attitude				
Habits and manners				
Poise				
Speech				
Honesty/ethics				
Appearance, neatness, care with personal image				

PERSONALITY: Outgoing _____ Average _____ Quiet _____ Other _____

Comment: _____

MATURITY: Mature _____ Will Mature Well _____ Good _____ Average _____ Poor _____

Comment: _____

ETHICS: Excellent _____ Recommend _____ Average _____ Other _____

Comment: _____

	Excellent	Above Average	Average	Below Average
Academic skills				
Clinical knowledge				
Clinical performance				
Patient relations				
Student relations				
Faculty relations				

MOTIVATION: Makes strong, independent decisions _____ Average desire and intentions _____
Casual/adequate _____ Unusual, outside influence _____

Comment: _____

INDUSTRY: Works at capacity _____ Works well, has reserve capacity _____ Average _____
Satisfactory work, not always best _____

Comment: _____

In addition to the ratings you have provided, please add any special observations or comments, which might be of value in considering this applicant's admission to a course of advanced study:

I have been acquainted with this applicant for approximately _____ (yrs., mos.) in the capacity of _____ (Teacher, Advisor, Colleague)

Based upon my contact and knowledge of this applicant he/she would rank _____ in the class of _____ students.

1. My recommendation is: Strong _____ Good _____ Adequate _____
2. I do not recommend _____

PLEASE SIGN AND SEAL IN AN ENVELOPE

Name: _____

Signature: _____

Title: _____

Address: _____

Date: _____