

## PROGRAM DIRECTOR RECOMMENDATION FORM

This form must be completed by the applicant's previous program director(s) and/or current program director, to provide an appraisal of the applicant's performance which will be used in the selection for further GME training.

<b>1. APPLICANT'S NAME</b>		<b>2. Last 4 SSN</b>		<b>3. SPECIALTY CHOICE</b>			
Last: First, MI:							
<b>4. PROGRAM DIRECTOR'S NAME/PHONE NUMBER</b>				<b>5. TRAINING PROGRAM (Circle accreditation status)</b>			
Last, First MI Phone #				<b>SPECIALTY:</b>			
<b>6. LEVEL OF TRAINING BEING EVALUATED</b>							
<input type="checkbox"/> INTERN (90 Days)		<input type="checkbox"/> INTERN (Year Only)		<input type="checkbox"/> RESIDENCY		<input type="checkbox"/> FELLOWSHIP	
<b>7. DATES OF TRAINING EVALUATED</b>				<b>8. LOCATION OF TRAINING</b>			
UNTIL							
<b>9. COMPARE THIS INDIVIDUAL'S PERFORMANCE TO OTHER TRAINEES IN THE PROGRAM</b>							
Top 25% <input type="checkbox"/>		Middle 50% <input type="checkbox"/>		Bottom 25% <input type="checkbox"/>			
# trainees in peer group in each category <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>10. CORE COMPETENCIES (scores 2 or less in any competency area must be addressed in box 12)</b>							
<b>Competency Rating</b>	(inferior) <b>1</b>	<b>2</b>	(average) <b>3</b>	<b>4</b>	<b>5</b>	(superior)	
<b>Patient Care:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medical Knowledge:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Practice-based Learning and Improvement:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Interpersonal and Communication Skills:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professionalism:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Systems-based Practice:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11. WAS THE TRAINEE EVER ON ACADEMIC PROBATION/EXTENTION?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>12. Provide specific comments on this individual's performance including any significant problems noted during training or reservations about qualification for further training.</b>							
<b>13. Based upon my assessment of this individual's performance,</b>							
<input type="checkbox"/> I highly recommend her/him for further GME							
<input type="checkbox"/> I recommend her/him for further GME							
<input type="checkbox"/> I do not recommend her/him for further GME							
<b>14. SIGNATURE OF PROGRAM DIRECTOR</b>				<b>15. DATE</b>			