

**PGY3 RURAL SKILLS ENHANCED SKILLS PROGRAM  
PROGRAM DIRECTOR'S ASSESSMENT OF APPLICANT**

Thank you for serving as a reference. In choosing residents for this Program, the Selection Committee places a good deal of emphasis on the information provided by medical faculty who have observed the applicant in the clinical setting. We would therefore request your candid comments in completing this questionnaire. Your early reply is appreciated, as the candidate's application will not be evaluated without your appraisal. Occasionally, follow up is required for clarification.

NAME OF APPLICANT:

1. May we call you to discuss this application if needed?

- Yes
- No

2. In what setting have you observed the applicant?

Clinical Observation (specify):

Academic Advising:

Socially:

Other (please specify):

3. How well do you know the applicant?

- Very well
- Fairly well
- Slightly

How long have you known the applicant?

4. To your knowledge, has there ever been any disciplinary/legal action or psycho/social behavior involving this applicant which might indicate unsuitability for Family Medicine Rural Skills enhanced skills training?

- Yes
- No

5. Please select the statement which best applies to this applicant:

- Performing far below level expected of an FM resident.
- Performing below level expected of an FM resident (but should be considered for an R3 position).
- Performing at level expected of an FM resident.
- In the upper 25% of FM residents (excellent resident, well above expected performance).
- In the upper 5% of FM residents (truly exceptional).



7. Please select one of the following:

- I would recommend this resident without reservation.
- I would recommend this resident.
- I would recommend this resident with some reservation.
- I would not recommend this
- In the upper 5% of FM residents (truly exceptional).

8. Does your knowledge of the applicant and their career goals align with their application to complete additional rural skills training? Please explain.

- Yes
- No

Name:

Title:

Phone:

Email:

Date: