



Duke Orthopaedic PA Surgical Residency

Evaluation Form

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

*Applicant's waiver of right of access to confidential statement: I hereby freely and voluntarily waive my right of access to any information contained on this recommendation form and agree that the statement shall remain confidential.*

Please provide an accurate evaluation of the residency applicant by answering the questions below. If additional comments are necessary to describe the applicant please attach a formal letter on letterhead with this form. Please place recommendation in a sealed, signed envelope for the applicant to include with his/her application materials.

For how long, and in what capacity, have you known the applicant?

Have you observed the applicant's interactions with patients? If yes, please comment on the applicant's professionalism and patient interaction style.

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In a few words, please state why this applicant would make a good fit for the Orthopaedic PA Surgical Residency at Duke?

Overall, what qualities make this applicant stand out above other candidates? Comment on motivation, ability to adapt in critical situations, and overall knowledge of Orthopaedics.

Recommendation for admission: (please circle one)

The applicant has my highest recommendations

I recommend the applicant with confidence

I recommend the applicant with some reservations

I do not recommend the applicant

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and title: \_\_\_\_\_

Phone number: \_\_\_\_\_ email address: \_\_\_\_\_

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