

Evaluation and Letter of Recommendation Forms

2008 Acupuncture Fellowship Program

TO THE APPLICANT

Please complete this section and give the Evaluation Form and the Letter of Recommendation Form to the person who has agreed to serve as your reference. **Five copies** of the completed Evaluation form and the Letter of Recommendation must be delivered to us in an unopened, original, sealed envelope with the signature of your reference across the seal to be considered part of your application.

I, the undersigned, hereby waive any right to view the Evaluation Form or Letter of Recommendation. I understand that these forms and any related submissions constitute a confidential evaluation will be made available to third parties only as required by law, court order or other legal authority.

Applicant's Signature _____ Date _____

Applicant's Legal Name _____

Applicant's Address _____

City/State/Zip _____ Home _____

Applicant's e-mail address _____ Cell _____

TO THE EVALUATOR

The person named above is applying to the Acupuncture Fellowship Program for clinical training in a Manhattan hospital. The applicant requested your Evaluation and Letter of Recommendation be included as part of the information on which the Selection Committee will base their decision. The applicant will not be permitted to review your submission unless required by law, court order, or other legal authority.

Evaluations and Letters of Recommendation are a critical component in a candidate's application, and we thank you for agreeing to assist us. Please respond frankly to the questions and issues listed and feel free to include any additional pertinent comments. **Please return FIVE COPIES of the Evaluation and Letter of Recommendation to the applicant in an envelope, sealed and signed across the seal so the applicant may mail them with his/her application.** Please understand that as a reference you may be contacted to address additional questions or concerns if necessary.

Due to the sensitive nature of this process and our request for your honest assessment of this individual, the candidate has been informed that any indication of a breach of the confidential nature of their Evaluations and Letters of Recommendation may result in immediate and permanent termination of their application or participation in the Acupuncture Fellowship Program.

Recommender's relationship with the applicant: _____

By signing below, you certify that all information contained in the Evaluation and Letter of Recommendation and any associated submissions are true to the best of your knowledge.

Recommender's Signature _____ Date _____

Recommender's Legal Name _____

Recommender's Current Position and Organization _____

Recommender's Address _____ Home _____

City/State/Zip _____ Cell _____

Evaluation Form

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Please mark with an "X" those answers which most accurately reflect what you know about the applicant.

	Poor	Fair	Good	Very Good	Excellent	NO BASIS FOR COMMENT
Critical thinking & decision making skills						
Ability to "think on their feet"						
Interpersonal communication skills						
Ability to present self professionally						
Resourcefulness and initiative						
Seriousness of purpose						
Emotional maturity						
Professional ethics and compassion						
Clinical confidence						
Clinical diagnostic skills						
Clinical therapeutic skills						
Overall patient management						
Ability to work in a multi-disciplinary medical team						
Conflict resolution skills						

Based on the evaluation that you have indicated above, please select the statement that best applies.

- I **would not recommend** this candidate to your fellowship program.
- I would recommend this candidate to your fellowship program, **but with some reservations**.
- I **would recommend** this candidate to your fellowship program.
- I **would highly recommend** this candidate to your fellowship program.
- Other: _____

Letter of Recommendation Instructions

2008 Acupuncture Fellowship Program

In your letter, please feel free to remark on the subjects below:

- Length of time you have known the applicant and the nature of this relationship;
- Why you believe that this applicant would excel in a hospital environment;
- Applicant's sense of responsibility, professionalism, and ethical/moral integrity;
- Applicant's verbal and written communication skills;
- Applicant's clinical skills;
- How the applicant functions within a group or clinical team. If possible, describe the presence or absence of observed leadership qualities such as initiative, ability to motivate others, respect for the views and opinions of others;
- Stressful situation you know this applicant has experienced and explain how he/she responded;
- Applicant's strengths and weaknesses as a clinician.

Submission Instructions:

*Please return **FIVE COPIES** of the Evaluation and Letter of Recommendation to the applicant in an envelope, sealed and signed across the seal so the applicant may mail them with his/her application.*