

2011-2012 APPLICATION SEASON

Plastic Surgery Residency Recommendation Form

Applicant's Name: AAMC ERAS ID No.

Reference Provided By:

Present Position: Email:

Institution: Telephone Number:

A. Background Information

1. How long have you known the applicant?
2. Nature of contact with applicant: (Check all that apply)
 - Know indirectly through others/evaluations or occasional contact
 - Direct observation- plastic surgery rotation
 - Direct observation- research
 - Advisor
3. If this candidate rotated in plastic surgery, what grade was given?
 Honors High Pass Pass Low Pass Fail
 Optional: One Key Comment from Faculty or Residents' Eval:

Please circle the most appropriate response:

ACADEMIC POTENTIAL	SURE THING; HAS A SLOT	HIGH	LEANING TOWARD	NOT SURE
COMPARED TO OTHER RESIDENTS	THE BEST	TOP 5%	TOP 20%	AVERAGE
WORK ETHIC	SUPERIOR	EXCELLENT	VERY GOOD	AVERAGE
INITIATIVE	HARD TO CONTAIN	SELF STARTER	TEMPERED	NEEDS GUIDANCE
TECHNICAL ABILITIES	A WHIZ	EXCELLENT	ABOVE AVERAGE	AVERAGE
AFFABILITY	UNEQUALED	VERY GOOD	ABOVE AVERAGE	OK
HONESTY	UNEQUALED	EXCELLENT	AVERAGE	NOT ENOUGH EXPOSURE TO TELL

Please call me about this applicant.

What is this applicant's strongest point?

We all have faults and flaws. What is the applicant's weakest point(s)?

If you are (OR WERE) associated with a plastic surgery residency that has a position available for the match in which this candidate is applying, please estimate where this candidate would rank on your list:

1-3 4-7 8-10 greater than 11

Written Comments

Signature:

Dated:

STUDENT HAS WAIVED RIGHT TO SEE THIS LETTER