

12 Jan 2011

## Evaluation for Advanced Dental Education

### Instructions

1. Applicants must complete Section I before forwarding to the evaluator.
2. The applicant listed has applied for advanced dental education and requests you complete section II.
3. Answer all questions and complete the narrative portion of the evaluation; retain a copy.
4. Return evaluation in a sealed envelope directly to: Navy Medicine Manpower, Personnel, Training & Education Command, Dental Corps Programs Code LWPADC, 8901 Wisconsin Ave., Bethesda, MD 20889-5611
5. Any questions call (301) 295-0650 or DSN 295-0650

### Section I

Name (Last, First, MI)	Rank	Designator	DOB (ddmmyyy)
First choice requested for training		Second choice requested for training	
Level of training requested <input type="checkbox"/> Residency <input type="checkbox"/> ACP <input type="checkbox"/> Fellowship <input type="checkbox"/> Ph.D.			

### Section II

How well do you know the applicant? (Check all that apply) <input type="checkbox"/> Socially <input type="checkbox"/> Dental Student <input type="checkbox"/> GPR/AEGD student <input type="checkbox"/> ACP student <input type="checkbox"/> Resident	How well do you know the applicant? <input type="checkbox"/> Close and frequent observation <input type="checkbox"/> Above average <input type="checkbox"/> Average <input type="checkbox"/> Vaguely <input type="checkbox"/> Member of command	
How many years have you known the applicant?	From:	To:

Based upon your experience with other students, dentists and Navy Dental Corps officers, how does the applicant compare when considering the following

Rank as follows: 5 - well above average 4 - above average 3 - average 2 - below average 1 - well below average 0 - no opinion

<p><i>Rating Trait</i></p> <input type="checkbox"/> Maturity <input type="checkbox"/> Judgement <input type="checkbox"/> Leadership <input type="checkbox"/> Personal demeanor <p>Communication skills</p> <input type="checkbox"/> Oral <input type="checkbox"/> Written	<p>Space for additional comments on applicant or feel free to attach separate letter:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>This candidate ranks _____ out of _____ I have ranked this year  This candidate ranks _____ out of _____ I have ranked in my career</p> </div>
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Gifted individuals occasionally exhibit sporadic records due to extenuating circumstances such as family illness, financial need or personal difficulties. Please advise if you are aware of such problems.

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**INSTRUCTIONS FOR COMPLETING EVALUATIONS**

- Use this page only, no additional enclosures or other forms accepted. Please postal mail completed eval to NAVMED MPT&E Code 1WPGDC in a sealed envelope or scan to pdf and e-mail as attachment to [Andrew.Peters@med.navy.mil](mailto:Andrew.Peters@med.navy.mil)
- Evaluator must provide electronic and telephone contact information at bottom of this form
- Evaluator must provide ranking of this applicant on the front of this form

Please provide a concise and accurate evaluation of this applicants clinical abilities, aptitude and potential to succeed in the requested program

**EVALUATOR**

Evaluator's Name (Last, First, MI)

Title or Position

Command or School

Telephone Number

E-mail Address

Signature

Date