## PROGRAM DIRECTOR RECOMMENDATION FORM

This form must be completed by the applicant's previous program director(s) and/or current program director, to provide an appraisal of the applicant's performance which will be used in the selection for further GME training.

1. APPLICANT'S NAME	2. Last 4 SSN	2. Last 4 SSN 3. SPECIALTY CHOICE		
Last:				
First, MI:				
4. PROGRAM DIRECTOR'S NAME/PHONE NUMBER		5. TRAINING PROGRAM	M (Circle accreditation status)	
Last, First MI Phone #		SPECIALTY:		
6. LEVEL OF TRAINING BEING EVALUATED				
INTERN (90 Days) INTERN (Year Only)		RESIDENCY	RESIDENCY FELLOWSHIP	
7. DATES OF TRAINING EVALUATED UNTIL 8. LOCATION OF TRAINING				
9. COMPARE THIS INDIVIDUAL'S PERFORMANCE TO OTHER TRAINEES IN THE PROGRAM				
	dle 50%	Bottom 25%		
10. CORE COMPETENCIES (scores 2 or less in any competency area must be addressed in box 12)				
Competency I	Rating (inferior)	(average)	(superior) 5	
Patient				
Medical Know	ledge:			
Practice-based Learning and Improve	_			
Interpersonal and Communication Skills:				
Profession				
Systems-based Pra				
11. WAS THE TRAINEE EVER ON ACADEMIC PROBATION/EXTENTION?  Yes  No				
12. Provide specific comments on this individual's performance including any significant problems noted during training or reservations about qualification for further training.				
13. Based upon my assessment of this individual's performance,				
I highly recommend her/him for further GME				
I recommend her/him for further GME				
I do not recommend her/him for further GME				
14. SIGNATURE OF PROGRAM DIRECTO	R 15.	. DATE		