

CONFIDENTIAL REFERENCE REPORT

TO THE APPLICANT: You need three of these forms for your three references. Please see instructions on the form.

Applicant's Name _____

Applicant's Address _____

Applicant's Telephone Number _____

TO THE REFERENCE:

The candidate whose name appears above considers you able to assess his/her qualifications as a fellow candidate for the Academic Pediatric Acute Care Fellowship Program. The program provides training opportunities to physicians who have completed their residencies and aspire to faculty positions in Pediatric Acute Care. Each fellow must design, implement and analyze a research or scholarly project and will be directly involved in health care delivery and medical and graduate medical education.

INSTRUCTIONS:

	Unable To Judge	Poor Lowest 25%	Fair Middle 26%-75%	Excellent Top 76%-90%	Outstanding Top 91-100%
	0	1	2	3	4
(1.) Please complete the chart on the right. Rate the applicant by writing the number which most nearly represents your opinion of the applicant in comparison with a representative group of individuals you have known who have had approximately the same training and experience.					
(2.) In an accompanying letter, please elaborate on the applicant's performance on the basis of which you arrived at your assessment, citing, if possible, specific illustrations. In addition, indicate the candidate's points of greatest strength and weakness and comment on his/her personal and professional qualifications for a career in academic pediatrics. <u>This Form Will Not Be Reviewed Without the Accompanying Letter</u>					
(3) DO NOT RETURN THE COMPLETED FORM TO THE APPLICANT. PLEASE EMAIL DIRECTLY WITH YOUR LETTER TO THE PROGRAM DIRECTOR AT: Luciana.Berg@NationwideChildrens.org .					
Initiative	_____	_____	_____	_____	_____
Ability to meet deadlines	_____	_____	_____	_____	_____
Clinical ability	_____	_____	_____	_____	_____
Interpersonal facility with peers	_____	_____	_____	_____	_____
Interpersonal facility with patients	_____	_____	_____	_____	_____
Potential skill at scholarly activity	_____	_____	_____	_____	_____
Clinical judgment/critical sense	_____	_____	_____	_____	_____
Academic performance	_____	_____	_____	_____	_____
Leadership capacity	_____	_____	_____	_____	_____
Ability to function in a stressful environment	_____	_____	_____	_____	_____
Ability to communicate (Written)	_____	_____	_____	_____	_____
Ability to communicate (Spoken)	_____	_____	_____	_____	_____
Teaching ability	_____	_____	_____	_____	_____
Overall evaluation	_____	_____	_____	_____	_____

Signature of person providing reference _____

Printed name of person providing reference _____

Date _____

Title of person providing reference _____

Institution _____

Email Address or
Telephone Number _____