

Otolaryngology—Head & Neck Surgery Residency Standardized Letter of Recommendation Form

Applicant's Name:

AAMC ERAS ID No.:

Reference Provided By:

Present Position:

Email:

Institution:

Telephone Number:

BACKGROUND INFORMATION

1. How long have you known the applicant?

Less than one month

1-6 months

1-2 years

1 month

6-12 months

2-5 years

More than 5 years

2. Nature of contact with applicant: (Check all that apply)

Extended direct clinical contact (> 20 hrs)

Met with applicant 1-3 times to discuss application

Extended direct research contact (>20 hrs)

Know indirectly through others/evaluations

Limited direct clinical contact (<20 hrs)

Other (Please describe): _____

Limited direct research contact (<20 hrs)

QUALIFICATIONS FOR OHNS: *Compare the applicant to other medical students (including those entering other specialties) by indicating with an "X" on the scales below where you rate him or her.*

1. *Patient Care* – Ability to develop and justify an appropriate differential diagnosis and a cohesive treatment plan.

Top |-----| Middle |-----| Bottom Cannot assess

2. *Medical Knowledge* – Level of general and otolaryngologic medical knowledge.

Top |-----| Middle |-----| Bottom Cannot assess

3. *Professionalism* – Quality of work ethic, altruism, professional appearance and willingness to assume responsibility.

Top |-----| Middle |-----| Bottom Cannot assess

4. *Interpersonal and Communication Skills* – Ability to interact with others on the health care team and communicate in an effective and caring manner with patients.

Top |-----| Middle |-----| Bottom Cannot assess

5. *Procedural Skills* – Ability to perform surgical tasks.

	----- -----	<input type="checkbox"/>
Top	Middle	Bottom Cannot assess

6. *Research* – Ability to identify a question and to formulate and execute a cogent research plan.

	----- -----	<input type="checkbox"/>
Top	Middle	Bottom Cannot assess

7. *Initiative and Drive* – Ability to stay oriented to a goal and see tasks to completion.

	----- -----	<input type="checkbox"/>
Top	Middle	Bottom Cannot assess

GLOBAL ASSESSMENT

1. *Commitment to Otolaryngology—Head & Neck Surgery* – Thoughtfulness in choosing his or her career path compared to other medical students you know.

	----- -----	<input type="checkbox"/>
Top	Middle	Bottom Cannot assess

2. *Commitment to Academic Medicine* – Likelihood of pursuing a research/academic career after residency.

	----- -----	<input type="checkbox"/>
Extremely likely	Neutral	Highly unlikely Cannot assess

3. *Match Potential* – Likelihood of the candidate matching in otolaryngology.

	----- -----	<input type="checkbox"/>
Extremely likely	Neutral	Highly unlikely Cannot assess

WRITTEN COMMENTS: Please include any unique features about the applicant that are not covered in the rest of the application. Attach additional pages as necessary.

Signature:

Date:

The applicant has waived his or her right to see this letter.