

DERMATOLOGY STANDARDIZED LETTER OF RECOMMENDATION

Applicant's Name:

Institution:

AAMC ID No:

Your name:

Your Signature: _____

Your email:

Your telephone:

Your present position (choose one):

- Dermatology Department Chair
- Dermatology Program Director
- Dermatology Assistant Program Director
- Dermatology Faculty
- Non-dermatology Faculty (Specialty : _____)
- Research Faculty
- Private Practice physician

How long have you been in your current position (or a similar position)? _____ years

This applicant
waived his/her rights
to view this
standardized letter of
recommendation as
covered under the
Family Educational
Rights and Privacy
Act of 1974.

Yes No

A. Background

1. How many medical students have you worked with in the past year?

- <15
- 15 - 50
- >50

2. How often do you work with dermatology residents?

- <1 per week
- 1-3 times per week
- >3 times per week

3. How long have you known the applicant? _____ months

4. What is your contact with the applicant? (Choose all that apply)

- Know indirectly through others/evaluations
- Direct observation in clinical setting
- Direct observation writing article (case report, review article, etc)
- Direct observation in clinical/basic science research
- Advisor

B. Assessment

1. Please assess the applicant compared to the overall ***dermatology applicant pool***. If this candidate is below average in any of the areas, please include written comments in the field below.

| | Below Avg for Derm applicant | Average for Derm applicant | Above Avg for Derm applicant | Outstanding for Derm applicant (Top 15%) | Exceptional for Derm applicant (Top 5%) | Best this year | Best in 10 years |
|--|------------------------------------|----------------------------------|------------------------------------|---|--|--------------------------|--------------------------|
| Ability to work as a part of a team | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interactions with patients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interactions with residents | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clinical knowledge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communication ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inquisitive nature | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reliability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Research potential | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work ethic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leadership potential | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| GLOBAL ASSESSMENT | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. This applicant's most outstanding feature is

3. The applicant's most likely career path will be

4. Indicate any additional comments in the box below (100 word limit)

Applicant Name:

Institution:

AAMC ID:

Your Name: