

CONFIDENTIAL RECOMMENDATION REPORT

Residency Program Application

Name of applicant: _____
(Last) (First)

Name of program: _____

How long have you known this applicant: _____

What is your relationship to this applicant: _____

The applicant has waived the right to access this evaluation.

Please evaluate the applicant in the following categories:

ATTRIBUTE	EXCEEDS EXPECTATION	MEETS EXPECTATION	DOES NOT MEET EXPECTATION	COMMENTS: (REQUIRED FOR EXCEEDS OR DOES NOT MEET EXPECTATION RATING)
Critical Thinking				
Didactic Knowledge				
Clinical Skills				
Interpersonal Skills and Communication				
Integrity and Ethics				
Maturity				
Organizational Skills				
Professional Demeanor				
Reaction to Criticism				
Self-Awareness				
Motivation				

Additional remarks:

OVERALL, I WOULD:

RECOMMEND WITHOUT RESERVATION	HIGHLY RECOMMEND	RECOMMEND	NOT RECOMMEND

Evaluator contact information:

Name of evaluator: _____ Date of form completion: _____

Occupation: _____

Address: _____
(name of institution/practice)

email address: _____

Telephone number: _____

Evaluator signature: _____

**Please complete this form and mail directly to UCLA School of Dentistry, Postgraduate Programs Officer,
10833 Le Conte Ave., CHS 33-039, Los Angeles, CA 90095-1668**