

Physician Assistant Post-Graduate Residency Program in Urology – Evaluation

APPLICANT EVALUATION FORM

Applicant: Please complete this top portion of the form with name, social security number, mailing address and sign the waiver. Please forward the form together with a standard size envelop to each of your 3 evaluators.

Evaluator: Because of federal legislation giving students access to educational records, the PA Residency Program cannot guarantee the confidentiality of your statement unless the applicant signs the Waiver below.

APPLICANT’S WAIVER OF RIGHT OF ACCESS TO CONFIDENTIAL STATEMENT:

I hereby voluntarily waive my right of access to any information contained on this recommendation form and I agree that the statement shall remain confidential.

Applicant Signature

Date

Applicant Name _____

Last

First

MI

Social Security # _____

Applicant Address _____

Street

City

State

Zip

To the Evaluator

To ensure timely processing of the application, please complete your evaluation of the candidate by _____

The Emory Physician Assistant Urology Residency Program immensely appreciates your time and effort in completing an evaluation of the above applicant. You may return the form directly to the applicant after sealing your evaluation in the envelope provided and writing your name across the back seal.

How long have you known the applicant and in what capacity?

Please comment on the STRENGTHS and WEAKNESSES of the candidate in the following areas:

Ability to learn and apply what was learned:

Ability to work well with others (team player):

Motivation / Perseverance / Ability to be Proactive:

Maturity / Emotional Stability:

Physician Assistant Post-Graduate Residency Program in Urology – *Evaluation*

To the Evaluator ... *continued*

Personal and Professional Integrity:

Flexibility / Adaptability:

Ability to Communicate Effectively:

Any Additional Comments:

Your recommendation on acceptance to the Physician Assistant Residency Program:

- The Applicant has my highest recommendation
- I recommend the applicant with confidence
- I recommend the applicant with some reservations
- I do not recommend the applicant

I certify that my evaluation is complete and correct to the best of my knowledge.

Signature _____ Date _____

Name Printed _____ Title _____

Institution _____

Address _____

Email _____ Phone _____

May we contact you by email or phone for additional information? Yes No

**Please place the completed evaluation form in a sealed envelope and write your name across the seal.
Please hand the envelope to the applicant to include in the application packet.**

Physician Assistant Residency Program
Emory Department of Urology
1365 Clifton Road NE, Suite 1400 B
Atlanta, Georgia 30322
Phone (404) 778-4697
Fax (404) 778-4336