

Family Medicine Program Director's Assessment of Applicant

NAME OF APPLICANT:

The intent of this form is to obtain an accurate profile of each resident applicant's performance during their ongoing Family Medicine training. Please provide the following information with comments (positive and/or negative) where applicable for each applicant. The candidate's application will not be considered without your appraisal.

1. How many In-Training Evaluation Reports is this assessment based on?

1

2. Has the applicant failed or performed below expectations in any rotation?

No

Yes

3. Are there any other ongoing academic or professional concern

Yes

No

4. Are there any disciplinary/legal actions involving this candidate

Yes

No

5. Assessment

Below expectations

Meets expectations

Exceeds expectations

Medical knowledge

Organizational skills

Communication skills

Receptiveness to feedback

Procedural skills

Punctuality

Speed and stamina	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Attitude and professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Participation in clinical and educational activities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Team skills including leadership abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Self-directed learning ability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

OVERALL

As program director, would you accept this candidate into your program?

Yes, without reservations

Yes

No

Family Medicine Program

FM -- Example

Name:

Dr. Program Director

Signature:

This letter was submitted using CaRMS Online.

Date:

August 25, 2021

Letter of recommendation

Program director reference text would go here.

EXAMPLE