

Resident Applicant Evaluation

Name:	Date:
School:	
Evaluator:	
ASSIGN A VALUE OF 0-3 FOR EACH OF THE FOLLOWING:	
3-OUTSTANDING; 2-BETTER THAN AVERAGE; 1 AVERAGE; 0 BELOW AVERAGE	
I. ACADEMIC:	
Rank/Grade in Medical School	_____
Letters of Recommendation	_____
II. COMMUNICATION SKILLS:	_____
III. PUBLICATIONS AND/OR SCIENTIFIC RESEARCH EXPERIENCE	_____
IV. PROFESSIONAL GOLAS: (check one)	
<input type="checkbox"/> General Neurology Practice	
<input type="checkbox"/> Fellowship	
<input type="checkbox"/> Academic Neurology	
V. OVERALL RECOMMENDATION: (check one)	
<input type="checkbox"/> Should be ranked	_____
<input type="checkbox"/> Top 3	_____
<input type="checkbox"/> 1 st Group (Top 10)	_____
<input type="checkbox"/> 2 nd Group	_____
<input type="checkbox"/> 3 rd Group	_____
<input type="checkbox"/> Not Acceptable	_____
VI. COMMENTS:	