

Name of Applicant: \_\_\_\_\_

**INSTRUCTIONS:** Dear Evaluator, the person named above is applying for a CNME-approved clinical residency position. The applicant has listed you as a reference. Your evaluation will provide the selection committee with critical information for its deliberations. Rate the applicant compared other students in the class based on the categories below. Please include any additional comments. The applicant will not be allowed to review your submission unless otherwise required by legal action

**Key to Rating the Performance Areas**

10 = Top 1% of students in the class 9 = Top 2% – 5% of students in the class 8 = Top 6% – 10% of students in the class 7 = From 11% – 15% of students in the class	6 = From 16% – 20% of students in the class 5 = From 20 – 25 % of students in the class 4 = Between 26 – 35 % of students in the class 3 = Between 36 – 45 % of students in the class	2 = Between 45 – 50 % of students in the class 1 = Below 50 % of students in the class N/O = Not Observed or Not Applicable
--	--	---

_____	A. Level of verbal communication	
_____	B. Quality of written communication	
_____	C. Ability to demonstrate key listening skills	
_____	D. Participation in group or health team interactions	
_____	E. Quality of clinical case presentation skills	
_____	F. Demeanor and level of composure with patient with a medically urgent condition	
_____	G. Adaptability and flexibility with last minute add-on patient / changes in schedule	
_____	H. Attitude on patient of different racial, socioeconomic, religious, sexual orientation, or cultural background	
_____	I. Challenging patients (patient’s whose behaviors are angry, aggressive, cynical, etc).	
_____	J. Attitude working supervisor, fellow students, & support staff (described observed key traits if any)	
_____	K. Overall level of ethics and professionalism	
_____	L. When taking the clinical history and review of systems	
_____	M. When recognizing abnormal results on a physical exam	
_____	N. When analyzing abnormal results on Lab or Imaging	
_____	O. When interpreting and applying the clinical research and evidence to patient care	
_____	P. When prescribing and dosing of nutritional supplements	
_____	Q. When prescribing and dosing of naturopathic remedies	
_____	R. When prescribing and dosing of homeopathic remedies	
_____	S. When prescribing and dosing of botanical formulas	
_____	T. Technique, application, and use of hydrotherapy	
_____	U. Technique, application, and use of physical medicine	
_____	V. Technique, application, and use of lifestyle and diet	

_____	W. Incorporating the principles of Naturopathic Medicine	
_____	X. Overall, how would you rate this applicant?	

**IV. Additional Information**

A. If not covered by the previous questions, please provide additional comments on the applicant's strengths AND/OR weaknesses.

B. Please additional information below about this applicant that you would like the selection committee to take into consideration.

Based on the ratings and comments that you have indicated above, please select the statement below that best applies.

- I do not recommend     
  I recommend with some reservations     
  I recommend     
  I highly recommend

How long have you known the applicant:

- 1 quarter (3 months)     
  2 quarters (6 months)     
  3 quarters (9 months)     
  4 quarters (1 year)     
  >4 quarters (>1 year)

Please check the box that best describes your academic relationship with this applicant:

- Clinical faculty supervisor     
  Faculty member     
  Clinical preceptor or Other medical Professional     
  Other:

---

Evaluator's First Name	MI	Evaluator's Last Name	Date
------------------------	----	-----------------------	------

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Best time to contact: \_\_\_\_\_ Best method to contact:  Email  Phone

Best day to contact:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

By marking this box, I hereby certify that this is a valid representation of my knowledge of the performance the applicants in the categories listed above and I hereby attest that I personally completed this evaluation

**Once complete, please save and print a copy for your file. Email and attach the form to the individual schools below:**

For application evaluation to Bastyr University, email the form as an attachment to [residencyevaluation@bastyr.edu](mailto:residencyevaluation@bastyr.edu)

For application evaluation to NUNM, email the form as an attachment to [residency@nunm.edu](mailto:residency@nunm.edu)

For application evaluation to SCNM, email the form as an attachment to [residency@scnm.edu](mailto:residency@scnm.edu)