APDCRS

Association of Program Directors for Colon and Rectal Surgery

Colon and Rectal Surgery Fellowship Recommendation Form

2021-2022 Application Season

Applicant's Name:

Reference Provided by:

Present position:

Institution:

Telephone #:

1. How long have you known the applicant?

2. Nature of contact with the applicant (Check those that apply)

☐ Advisor

☐ Program Director

☐ The applicant has rotated on my service for _____ weeks

☐ On a Colon and Rectal Surgery rotation

☐ On a _____ rotation

☐ I have written a paper with the applicant

☐ The applicant has performed research

☐ I have not worked directly with the applicant; based on others' evaluations

☐ Other, please explain:

3. How would you rate this candidate's professionalism (choose one)?

☐ Exceptional ☐ No Issues ☐ Questionable ☐ Unethical

Compared to other applicants I have worked with, I would rank this applicant (Please check the most appropriate response):

	Top 5% (Excellent)	Top 10% (Very Good)	Top 25% (Above Average)	Top 50% (Average)	Below 50% (Poor)	Not Enough Exposure (Unable to Rate)
Overall compared to other applicants	☐	☐	☐	☐	☐	☐
Work Ethic	☐	☐	☐	☐	☐	☐
Conscientiousness	☐	☐	☐	☐	☐	☐
Technical ability	☐	☐	☐	☐	☐	☐
Self-Initiative	☐	☐	☐	☐	☐	☐
Communication skills	☐	☐	☐	☐	☐	☐
Academic skills	☐	☐	☐	☐	☐	☐
Team player	☐	☐	☐	☐	☐	☐

What is this applicant's strongest point?

We all have flaws- what is this applicant's weakest point?

Is there anything about the applicant that his or her record may not convey?

Out of a list of 20 applicants for one spot, I would rank this applicant (choose one):

☐ Number 1 ☐ 2-5 ☐ 5-10 ☐ 10-20 ☐ would not rank

Please call me about this applicant ☐ Yes ☐ No

Written Comments: (Attach separate page or letter of recommendation if more space is required.)

_____ _____

Signature Date

☐ Waived Right to See