



FINAL REFERENCE FROM CURRENT PROGRAM OR INSTITUTION

Applicant Name: _____
Location of education/training/practice: _____
Dates of education/training/practice: _____
Title: _____

The above-named has been accepted into a residency or fellowship program at the University of Virginia Health System. As a follow-up to information which may have been provided early in the application process, we ask that you respond to the following questions.

- 1. To the best of your knowledge, is the applicant in good standing in your program and/or institution?
yes ____ no ____

If the answer is no to the above question, please attach a separate sheet with detailed information.

- 2. To the best of your knowledge, was this applicant ever subject to any disciplinary action such as admonition, reprimand, probation, suspension, or termination? yes ____ no ____

If the answer is yes to the above question, please attach a separate sheet with detailed information.

- 3. To the best of your knowledge, is the applicant's physical and mental health adequate to perform in the capacity he/she is requesting? yes ____ no ____

If the answer is no to the above question, please attach a separate sheet with detailed information.

PERFORMANCE EVALUATION

	Satisfactory	Unsatisfactory
<u>Clinical Knowledge</u>		
<u>Clinical Judgment</u>		
<u>Technical Proficiency</u>		
<u>Professional Relations with Patients</u>		
<u>Ethical Conduct</u>		
<u>Record Keeping</u>		

If this is verification of required education, please verify that the applicant received a diploma from the above-named institution conferring the degree of _____ on _____ (date).

If this is verification of residency/fellowship training, please verify (check one) that the applicant successfully completed _____ months of training in an approved program and:

- _____ Has demonstrated sufficient professional ability and competence to be advanced to the next level of training. (For internship training, please attach a list of rotations completed by the applicant.)
- _____ Has demonstrated sufficient professional ability to practice competently and independently in this specialty.

Please feel free to add any comments regarding the applicant's performance, character, or suitability for appointment to a residency or fellowship position at the University of Virginia Health System.

Printed name

Signature

Title

Date

SEAL