

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

**I. Communication Skills** **Comments**

- A. Verbal communication \_\_\_\_\_
- B. Written communication \_\_\_\_\_
- C. Listening skills \_\_\_\_\_
- D. Group interactions \_\_\_\_\_
- E. Clinical case presentation skills \_\_\_\_\_

**II. Situational Performance** **Comments**

- A. Patient with a medically urgent condition \_\_\_\_\_
- B. Last minute add-on patient / changes in schedule \_\_\_\_\_
- C. Attitude on patient of different racial, socioeconomic, religious, sexual orientation, or cultural background \_\_\_\_\_
- D. Challenging patients (patient’s whose behaviors are angry, aggressive, cynical, etc). \_\_\_\_\_
- E. Friction with supervisor, fellow students, & support staff \_\_\_\_\_
- F. Overall ethics and professionalism \_\_\_\_\_

**III. Clinical Knowledge** **Comments**

- A. When taking the clinical history and review of systems \_\_\_\_\_
- B. When recognizing abnormal results on a physical exam \_\_\_\_\_
- C. When analyzing abnormal results on Lab or Imaging \_\_\_\_\_
- D. When interpreting and applying the clinical research and evidence to patient care \_\_\_\_\_
- E. When prescribing and dosing of nutritional supplements \_\_\_\_\_
- F. When prescribing and dosing of naturopathic remedies \_\_\_\_\_
- G. When prescribing and dosing of homeopathic remedies \_\_\_\_\_
- H. When prescribing and dosing of botanical formulas \_\_\_\_\_
- I. Technique, application, and use of hydrotherapy \_\_\_\_\_

J. Technique, application, and use of physical medicine

K. Technique, application, and use of lifestyle and diet

L. Incorporating the principles of Naturopathic Medicine

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

**C. Overall, how would you rate this applicant? (Please provide additional comments in the space provided below.)**

**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:                      to                      Best method of 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 close file. Print a copy for your file. Then attach this file and email 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 NCNM, email the form as an attachment to [residency@ncnm.edu](mailto:residency@ncnm.edu)

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