



EMAP Fellowship Reference Form

Applicant's name:

Reference provided by:

Present Position:

Email:

Institution:

Telephone number:

Date:

Please address the questions below to the best of your ability. Please include additional sheets if needed.

A. Background information

1. How long have you known this applicant?

2. Nature of contact with applicant:

3. If this candidate rotated with you, please specify if it was an EM rotation and whether it was the applicant's first or second EM rotation. Also, what grade was given? (Honors, High Pass, Pass, Low Pass, Fail, other)

4. How did this student compare to other students rotating with you?

MADISON EMERGENCY PHYSICIANS, S.C.

B. Qualifications for EM

Compare the applicant to other EM applicants/peers.

1. Commitment to Emergency Medicine. Has carefully thought out this career choice.

Outstanding (top 10%) Excellent (top 1/3) Very Good (middle 1/3) Good (lower 1/3)

Comment:

2. Work ethic, willingness to assume responsibility, professionalism.

Outstanding (top 10%) Excellent (top 1/3) Very Good (middle 1/3) Good (lower 1/3)

Comment:

3. Ability to develop and justify an appropriate differential and a cohesive treatment plan.

Outstanding (top 10%) Excellent (top 1/3) Very Good (middle 1/3) Good (lower 1/3)

Comment:

4. Communication skills:

Superior (top 10%) Excellent (top 1/3) Adequate (middle 1/3) Poor (lower 1/3)

Comment:

5. How much guidance do you predict this applicant will need during his/her training?

Almost None

Minimal

Moderate

A great deal

Comment:

MADISON EMERGENCY PHYSICIANS, S.C.

6. Given the necessary guidance, what is your prediction of success for the applicant?

Outstanding

Excellent

Good

Poor

Comment:

C. Global Assessment

Please provide any additional information that you think the committee would find helpful in evaluating this candidate.

Please email evaluation to info@mep.health - include “Attention EMAP Fellowship” and “your candidate’s name – recommendation” in the subject line of the email.