RECOMMENDATION FORM

SECTION 1 – To be completed by applicant

Name of applicant:_____

Applicant's current title or position: _____

_____

APPLICANT'S SIGNATURE

SECTION II – To be completed by an academic instructor, employer / supervisor, or an SRS member of good standing whom you have worked with in the past

Please answer the following questions in letter format:

1. Your experience with the candidate and the amount of professional time spent with them
2. Candidate's character and personality
3. Technical and surgical skills
4. Research and publication activity
5. Teaching skills and desire
6. Your overall impression

How would you rate the applicant in the following areas? If you are unable to evaluate an area, please leave it blank.

	Excellent	Very Good	Average	Below Average
Clinical knowledge	☐	☐	☐	☐
Academic knowledge	☐	☐	☐	☐
Leadership	☐	☐	☐	☐
Initiative	☐	☐	☐	☐
Seriousness of purpose	☐	☐	☐	☐
Adaptability	☐	☐	☐	☐
Maturity	☐	☐	☐	☐
Teaching ability	☐	☐	☐	☐
Research generation	☐	☐	☐	☐

Name:_____

Title and Position: _____

Institution: _____

Relationship to the applicant:_____ Telephone: _____

E-mail: _____

Signed: _____ Date: _____

Recommendations may be submitted online with the applicant's materials, emailed to Erica Ems, eems@srs.org or faxed to (414) 276-3349.