**RECOMMENDATION FORM 1**

**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 Active SRS member of good standing with whom you have worked in the past. Must be dated within 2 yrs of the application date.**

**Please answer the following questions in letter format:**

1. Your experience with the candidate and the amount of professional time spent with him
2. Candidates 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

Signed Date

Institution

Telephone Fax

E-mail

Recommendations may be submitted online with the applicants’ materials, or emailed to [lkritter@srs.org](mailto:latonio@srs.org) or faxed to (414) 276-3349.