Radiology Residency Match

Standardized Letter of Recommendation

The student has waived the right to view this letter.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**Section 1: Student and Author Data**

|  |  |
| --- | --- |
| Applicant’s Name: |  |
|  |  |
| AAMC ERAS ID no. |  |

**Reference Provided by**:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | |  |  | |  | | | |  | | | | | | |  |
| Degree and Title: | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | |  |  | |  | | | |  | | | | | | |  |
| Specialty area of practice: | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | |  |  | |  | | | |  | | | | | | |  |
| Contact phone: | | | |  | | | | | Email: | |  | | | | | | | | | |
|  | | | | | |  |  | |  | | | |  | | | | | | |  |
| Institution: | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | |
| Years of experience teaching: | | | | | | Medical students: | | | |  | | Residents: | | | |  | Fellows: |  | |  |
|  | | | | | |  | | | | | | | | | | | | | | |
| Number of medical students you assess/evaluate per year: | | | | | | | | | | | | | | | | | | | | |
|  | 0-5 | | |  | 6-20 | | |  | 21-50 | | | | |  | 51-100 | | | |  | >100 |

|  |  |
| --- | --- |
| **How long have you known the applicant?** |  |

**Nature of contact with the applicant: (check all that apply)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Direct Clinical Contact: | |  | 0-20 hours | | |  | 21-40 hours | | | |  | >40 hours | | |
|  |  | |  |  | | |  |  | | | |  |  | | |
|  | Direct Research Contact: | |  | 0-20 hours | | |  | 21-40 hours | | | |  | >40 hours | | |
|  |  | |  |  | | |  |  | | | |  |  | | |
|  | Radiology Residency Program Director: | | | |  | years, | | |  | | Associate Program Director: | | |  | years |
|  |  | |  |  | | |  |  | | | |  |  | | |
|  | Radiology clerkship director: | |  | years | | | | | | | | | | | |
|  |  | |  |  | | |  |  | | | |  |  | | |
|  | Medical student course director, title of course(s): | | | | | | |  | | years | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | Other |  | | | | | | | | | | | | | |

**Section 2: Applicant’s actions and traits demonstrated routinely**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Indicate if you are comparing to: |  | All medical students |  | Students in the last 5 years |

*Indicate the applicant’s rating with an “X” on the scales below relative to the students that you have taught (e.g. In bottom 10th percentile to the top 91 – 100th percentile, or type in a specific percentile in the range box.)*

Provide concrete examples in the narrative section for ratings in the top 91-100th percentile.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Communicates effectively | | | | | | | | | | |
| 0-10%ile  lowest | 11-20 | 21-30 | 31-40 | 41-50 | 51-60 | 61-70 | 71-80 | 81-90 | 91-100 highest | Cannot assess |
|  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | |
| Demonstrates a strong work ethic | | | | | | | | | | |
| 0-10%ile  lowest | 11-20 | 21-30 | 31-40 | 41-50 | 51-60 | 61-70 | 71-80 | 81-90 | 91-100 highest | Cannot assess |
|  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | |
| Exhibits intellectual curiosity | | | | | | | | | | |
| 0-10%ile  lowest | 11-20 | 21-30 | 31-40 | 41-50 | 51-60 | 61-70 | 71-80 | 81-90 | 91-100 highest | Cannot assess |
|  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | |
| Possesses a strong fund of medical knowledge | | | | | | | | | | |
| 0-10%ile  lowest | 11-20 | 21-30 | 31-40 | 41-50 | 51-60 | 61-70 | 71-80 | 81-90 | 91-100 highest | Cannot assess |
|  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | |
| Shows Leadership | | | | | | | | | | |
| 0-10%ile  lowest | 11-20 | 21-30 | 31-40 | 41-50 | 51-60 | 61-70 | 71-80 | 81-90 | 91-100 highest | Cannot assess |
|  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | |
| Works well with a team | | | | | | | | | | |
| 0-10%ile  lowest | 11-20 | 21-30 | 31-40 | 41-50 | 51-60 | 61-70 | 71-80 | 81-90 | 91-100 highest | Cannot assess |
|  |  |  |  |  |  |  |  |  |  |  |

**Section 3: Global Assessment**

Compared to other medical students that you have assessed, approximately where does this candidate rate in percentile?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Indicate if you are comparing to: |  | All Medical Students |  | Students in the last 5 years |

*Indicate the applicant’s global assessment rating with an “X” on the scales below, or type in a specific percentile in the relative range box below:*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0-10%ile lowest | 11-20 | 21-30 | 31-40 | 41-50 | 51-60 | 61-70 | 71-80 | 81-90 | 91-100 highest |
|  |  |  |  |  |  |  |  |  |  |

**Section 4: Narrative Section** (300 word limit is suggested)

This narrative section gives you the opportunity to provide specific examples of one or more demonstrated qualities listed in Section 2. Concisely describe specific events. You may also provide insight into unique qualities of the candidate and details of the following: a skill set or strengths that will be useful in residency; the student’s relevant special interests outside of medicine; and/or supportive information not found elsewhere in the application.

|  |
| --- |
|  |

Signature: Date: \_\_\_\_\_\_\_\_

*Print the completed standardized letter of recommendation.*

*Sign the printed letter, then submit a PDF version to ERAS or send to other intended recipient.*