UCSF Fresno Orthopaedic Surgery Physician Assistant Residency Recommendation Form

Applicant's Name:				
Reference Provided By:				
Title:			Email:	
Institution:			Telephone:	
Background Information				
1. How long have you know	n the applicant?			
2. Nature of contact with ap	oplicant:			
3. Did this student rotate at Did the student rotate in (If no, department: What grade was give	with Orthopaedics?	□ Yes □ Yes)	□ No □ No	
□ Honors	☐ High Pass	□ Pass	□ Fail	
Qualifications for Orthopa Compare the applicant to of 1. Commitment to Orthopa	ther Orthopaedic app	·		e.
\square Outstanding (top 10%)	b) □ Excellent	t (top 1/3)	☐ Very Good (middle 1.	/3) □ Good (lower 1/3)
	Work ethic, willingness to assume responsibility. □ Outstanding (top 10%) □ Excellent (top 1/3)		☐ Very Good (middle 1	/3) □ Good (lower 1/3)
3. Ability to develop and jus ☐ Outstanding (top 10%)			d a cohesive treatment	
4. Ability to interact with oth ☐ Superior	ners. □ Excellen	t	□ Adequate	□ Poor
5. Ability to communicate in ☐ Superior	n a caring nature to pa		□ Adequate	□ Poor
6. Given the necessary guid ☐ Outstanding	ance, what is your pre □ Excellen		success for the applican	t? □ Fair

1. Compared to other candidates you have recommended, this applicant is ranked as: \square Excellent (top 1/3) \square Very Good (middle 1/3) ☐ Outstanding (top 10%) ☐ Good (lower 1/3) **Written Comments Questions or Comments?** Simon Mizyed, PA-C Program Director, Orthopaedic Surgery PA Residency Program UCSF Fresno Medical Education Program Simon.Mizyed@ucsf.edu Signature: Date: APPLICANT HAS WAIVED RIGHT TO SEE THIS LETTER: \Box Please send completed form to:

Global Assessment

UCSF Fresno Orthopaedic Surgery

Attn: PA Residency Program 155 N Fresno St Fresno, CA 93701

fresno-ortho.pa.residency@ucsf.edu

UCSF does not use race, gender, sex, or other protected categories or proxies for protected categories in the selection process.