

PROGRAM DIRECTOR/SMO RECOMMENDATION FORM NAVY FS/UMO

This form must be completed by the applicant's current program director or senior medical officer (SMO) to provide an appraisal of the applicant's performance, which will be used in the selection for flight surgeon (FS) or undersea medical officer (UMO) training. It should be sent directly from the evaluator to BUMED-M3B4 (UMO) via facsimile to (202) 762-0931, DSN 762-0931, or by mail; or to NAMI Academics Student Control Officer (FS) by e-mail at Eileen.hosey@med.navy.mil or call (850) 452-2458 or DSN 922-2458.

1. APPLICANT NAME <small>(Print Last Name, First Name, MI)</small>	2. SSN	3. FS/UMO TRAINING CHOICE(S) <small>(In Order of Preference)</small>
4. PROGRAM DIRECTOR or SMO NAME <small>(Print Last, First Name, MI)</small>	5. TRAINING PROGRAM <small>(if applicant in training)</small>	
6. LEVEL OF PERFORMANCE BEING EVALUATED	<input type="checkbox"/> INTERNSHIP	<input type="checkbox"/> RESIDENCY
	<input type="checkbox"/> FELLOWSHIP	<input type="checkbox"/> ATTENDING STAFF
7. DATES OF PERFORMANCE EVALUATED <small>(Year, Month)</small>	8. LOCATION OF PERFORMANCE	
9. Compared to the applicant's peers, this individual's overall performance was:		
(check box that applies)	Number in peer group in each category	
<input type="checkbox"/>	Top 25%	
<input type="checkbox"/>	Middle 50%	
<input type="checkbox"/>	Bottom 25%	
10. Provide specific comments on this individual's performance including any significant problems noted or reservations about qualification for further training.		
11. Based upon my assessment of this individual's performance,		
<input type="checkbox"/>	I highly recommend him/her for FS/UMO training	
<input type="checkbox"/>	I recommend him/her for FS/UMO training	
<input type="checkbox"/>	I do not recommend him/her for FS/UMO training	
12. SIGNATURE OF PROGRAM DIRECTOR OR SMO	13. DATE	