

EVALUATION FOR ADVANCED DENTAL EDUCATION		
INSTRUCTIONS		
1. Applicants must complete Section I before forwarding to the evaluator. 2. Evaluators please complete Section II. 3. Please answer all questions and complete the narrative portion of the evaluation. 4. Return evaluation in a sealed envelope directly to: Head, Dental Programs, Code 1WPGDC, NAVMED PDC, Bldg 1, 16 th Floor, 8901 Wisconsin Avenue, Bethesda, MD 20889-5611 or scan and e-mail to GraduatePrograms.DC@med.navy.mil.		
SECTION I		
1. Name (Last, First, MI)	2. Grade	3. Designator
4. First choice requested for training	5. Second choice requested for training	
6. Level of training requested <input type="checkbox"/> Fellowship <input type="checkbox"/> Residency <input type="checkbox"/> ACP <input type="checkbox"/> PH.D. <input type="checkbox"/> Clinical Rotation		
SECTION II		
1. How well do you know the applicant? (Check all that apply) <input type="checkbox"/> Socially <input type="checkbox"/> Dental Student <input type="checkbox"/> GPR/AEGD student <input type="checkbox"/> Resident		
2. How well do you know the applicant? <input type="checkbox"/> Close and frequent observation <input type="checkbox"/> Average <input type="checkbox"/> I do not know the applicant		
3. How many years have you known the applicant?		
4. Please evaluate the applicant on the following traits:		
Organizational Skills:	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average
	<input type="checkbox"/> Above Average	<input type="checkbox"/> Top 5%
	<input type="checkbox"/> Top 1%	
Knowledge of Basic Sciences:	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average
	<input type="checkbox"/> Above Average	<input type="checkbox"/> Top 5%
	<input type="checkbox"/> Top 1%	
Clinical Skills:	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average
	<input type="checkbox"/> Above Average	<input type="checkbox"/> Top 5%
	<input type="checkbox"/> Top 1%	
Communication Skills:	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average
	<input type="checkbox"/> Above Average	<input type="checkbox"/> Top 5%
	<input type="checkbox"/> Top 1%	
Ethics and Integrity:	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average
	<input type="checkbox"/> Above Average	<input type="checkbox"/> Top 5%
	<input type="checkbox"/> Top 1%	
Judgement:	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average
	<input type="checkbox"/> Above Average	<input type="checkbox"/> Top 5%
	<input type="checkbox"/> Top 1%	
Initiative:	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average
	<input type="checkbox"/> Above Average	<input type="checkbox"/> Top 5%
	<input type="checkbox"/> Top 1%	
Reliability:	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average
	<input type="checkbox"/> Above Average	<input type="checkbox"/> Top 5%
	<input type="checkbox"/> Top 1%	
Desire to Succeed:	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average
	<input type="checkbox"/> Above Average	<input type="checkbox"/> Top 5%
	<input type="checkbox"/> Top 1%	
Responsible:	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average
	<input type="checkbox"/> Above Average	<input type="checkbox"/> Top 5%
	<input type="checkbox"/> Top 1%	

<p>5. Grading the applicant as Below Average or Top 1% without explanation may discredit your evaluation. Please provide: 1) specific examples for these grades, and 2) a concise appraisal of the applicant's potential to succeed in the requested program.</p>	
<p>6. Gifted individuals occasionally exhibit sporadic records due to extenuating circumstances such as family illness, financial need, or personal difficulties. Please advise if you are aware of such problems.</p>	
<p>7. This candidate ranks _____ out of _____ I have ranked this year.</p>	
<p>8. Of all candidates I have ranked in my career, this candidate ranks:</p> <p> <input type="checkbox"/> Below Average <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Top 5% <input type="checkbox"/> Top 1% </p>	
<p>9. Evaluator</p>	
<p>Name (Last, First, MI)</p>	
<p>Title or Position</p>	<p>Command or School</p>
<p>Telephone Number</p>	<p>E-mail Address</p>
<p>Signature</p>	<p>Date</p>