

## EVALUATION FOR ADVANCED DENTAL EDUCATION

### INSTRUCTIONS

1. Applicants must complete the "Applicant Information" Section before forwarding to the evaluator.
2. Evaluators please answer all questions and complete the narrative portion of the evaluation.
3. Scan and e-mail to: usn.bethesda.navmedleadprodevcmd.list.nmpdc-dental-corps-gp@health.mil or mail in a sealed envelope directly to:

Graduate Dental Programs (Code 1WPGDC)  
 Naval Medical Leader & Professional Development Command  
 Building 1, 16th Deck, Room 16125  
 8955 Wood Road  
 Bethesda, MD 20889-5611

### APPLICANT INFORMATION

Name (Last, First, MI)	Rank	Status <input type="checkbox"/> Active Duty <input type="checkbox"/> HPSP <input type="checkbox"/> HSCP <input type="checkbox"/> Dir Accesion
Level of Training Requested <input type="checkbox"/> Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Adv. Clinical Program <input type="checkbox"/> PGY-1 <input type="checkbox"/> Masters <input type="checkbox"/> PhD		
First Choice Requested for Training	Second Choice Requested for Training	

### KNOWLEDGE OF APPLICANT

How do you know the applicant (check all that apply) <input type="checkbox"/> Subordinate <input type="checkbox"/> Co-worker <input type="checkbox"/> Socially <input type="checkbox"/> Postgraduate Resident <input type="checkbox"/> PGY-1 Resident <input type="checkbox"/> Dental Student <input type="checkbox"/> Other	
How well do you know the applicant: <input type="checkbox"/> Close and Frequent Observation <input type="checkbox"/> Average <input type="checkbox"/> Minimal Knowledge	I have known the applicant for _____ years _____ months.

### EVALUATION OF APPLICANT

Please evaluate the applicant on the following traits:

Clinical Skills	<input type="checkbox"/> Below Average <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Top 10% <input type="checkbox"/> Top 1%
Didactic or Dental Knowledge	<input type="checkbox"/> Below Average <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Top 10% <input type="checkbox"/> Top 1%
Organizational Skills	<input type="checkbox"/> Below Average <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Top 10% <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 10% <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 10% <input type="checkbox"/> Top 1%
Judgment	<input type="checkbox"/> Below Average <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Top 10% <input type="checkbox"/> Top 1%
Initiative	<input type="checkbox"/> Below Average <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Top 10% <input type="checkbox"/> Top 1%
Reliability	<input type="checkbox"/> Below Average <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Top 10% <input type="checkbox"/> Top 1%
Responsibility	<input type="checkbox"/> Below Average <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Top 10% <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 10% <input type="checkbox"/> Top 1%

Written evaluation of the applicant. Note: 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.

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.

This candidate ranks \_\_\_\_\_ out of \_\_\_\_\_ I have ranked this year

Of all candidates I have ranked in my career, this candidate ranks:  
 Below Average     Average     Above Average     Top 10%     Top 1%

**EVALUATOR INFORMATION**

Name (Last, First, MI)

Title or Position

Command or School

Telephone Number

E-mail Address

Signature

\_\_\_\_\_

Date