

**The Yale Training Program in Geriatrics Clinical
Epidemiology and Aging-Related Research**

CONFIDENTIAL REFERENCE REPORT

TO THE APPLICANT

This section to be completed **by the applicant** before presenting to the reference.

Applicant's _____
Name First Middle Last

Applicant's Address

City

State

Zip Code

(____) _____ - _____, Ext. _____

Applicant's Telephone Number

Completed form to be addressed
to:

Thomas M. Gill, M.D., Director
Training Program in Geriatric Clinical Epidemiology
and Aging-Related Research
Yale University School of Medicine
Yale-New Haven Hospital
20 York Street
New Haven, CT 06510

Email completed form and letter
to Program Coordinator:

robbin.bonanno@yale.edu
Telephone: (203) 688-9423
Fax: (203) 688-4209

TO THE REFERENCE

The above-named applicant has named you as one of several references. We ask your cooperation in responding soon. All replies will be held in strict confidence. Please note that the completed form is **not** to be returned to the applicant, but forwarded directly to our program.

- (a) Please indicate in the space below the period of time you have known the applicant, and in what capacity.

- (b) Please rate the applicant by circling the appropriate number which most nearly represents your opinion of the applicant in comparison with a **representative** group of individuals you have known who have had approximately the same training and experience.

PERCENTILES	Unable to Judge	<u>Poor</u> Lowest 25%	<u>Fair</u> 26%-75%	<u>Excellent</u> 76%-90%	<u>Outstanding</u> highest 10%
Industry/perseverance	0	1	2	3	4
Motivation	0	1	2	3	4
Initiative	0	1	2	3	4
Ability to meet deadlines	0	1	2	3	4
Maturity	0	1	2	3	4
Clinical ability	0	1	2	3	4
Interpersonal facility with peers	0	1	2	3	4
Interpersonal facility with patients	0	1	2	3	4
Demonstrated skill at research	0	1	2	3	4
Potential skill at research	0	1	2	3	4
Integrity	0	1	2	3	4
Judgment/critical sense	0	1	2	3	4
Intellectual ability	0	1	2	3	4
Demonstrated originality	0	1	2	3	4
Potential originality	0	1	2	3	4
Leadership capacity	0	1	2	3	4
Demonstrated productivity	0	1	2	3	4
Potential productivity	0	1	2	3	4
Ability to communicate (written)	0	1	2	3	4

Applicant's Name _____

3

Ability to communicate (spoken)	0	1	2	3	4
Overall evaluation	0	1	2	3	4

- (c) 1) Please elaborate on the applicant's performance on the basis of which you arrived at your assessments in section; (2) If possible, please cite some specific illustration of the applicant's performance. You may attach a letter if you wish.

Signature of reference

Print name of reference

Date

Title of Reference

Institution

Do **NOT** return this completed to the applicant. Please follow instructions

Applicant's Name _____

4

provided on the front of this form.

Telephone number