

Evaluation for Advanced Dental Education

Instructions

1. Applicants must complete Section I before forwarding to the evaluator.
2. The applicant listed has applied for advanced dental education and requests you complete section II.
3. Please answer all the questions.
4. Seal Evaluation in an envelope marked with the candidate's rank and name. The evaluation is confidential and you are not required to provide a copy to the applicant.
5. Return evaluation to the Naval School of Health Sciences, Code OP1, 8901 Wisconsin Avenue, Bethesda, MD 20889-5611.
6. Questions, please call: (301) 295-0650 or DSN 295-0650.

Section I

Name (last, first, MI)	Grade	Designator	SSN
First choice for training request	Second choice for training request		
Level of training requested: <input type="checkbox"/> Residency <input type="checkbox"/> ACP <input type="checkbox"/> Fellowship <input type="checkbox"/> MS/Ph.D. <input type="checkbox"/> Other (specify)			

Section II

How do you know the applicant? (Check all that apply) <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Pre-dental student <input type="checkbox"/> Dental student <input type="checkbox"/> Graduate student <input type="checkbox"/> GPR student <input type="checkbox"/> ACP student <input type="checkbox"/> Resident	How well do you know the applicant? <input type="checkbox"/> Close and frequent observation <input type="checkbox"/> Above average <input type="checkbox"/> Average <input type="checkbox"/> Vaguely <input type="checkbox"/> By name only <input type="checkbox"/> I do not know the applicant
Member of: <input type="checkbox"/> Department <input type="checkbox"/> Branch Clinic <input type="checkbox"/> Command <input type="checkbox"/> Staff <input type="checkbox"/> Other (specify)	

How many years have you known the applicant?	From:	To:
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Based upon your experience with other students, dentists and Navy Dental Corps Officers, how does the applicant compare when considering the following

Rank as follows: 5 - well above average 4 - above average 3 - average 2 - below average 1 - well below average 0 - no opinion

<table style="width: 100%;"> <tr> <th style="text-align: left;"><u>Rating</u></th> <th style="text-align: left;"><u>Factor</u></th> </tr> <tr><td><input type="checkbox"/></td><td>Maturity</td></tr> <tr><td><input type="checkbox"/></td><td>Judgment</td></tr> <tr><td><input type="checkbox"/></td><td>Leadership</td></tr> <tr><td><input type="checkbox"/></td><td>Cooperation</td></tr> <tr><td><input type="checkbox"/></td><td>Personality</td></tr> <tr><td><input type="checkbox"/></td><td>Military bearing</td></tr> <tr><td><input type="checkbox"/></td><td>Personal demeanor</td></tr> <tr><td><input type="checkbox"/></td><td>Independence of thought</td></tr> <tr><td><input type="checkbox"/></td><td>Performance as a naval officer</td></tr> <tr><td><input type="checkbox"/></td><td>Cultural interests (non-dental)</td></tr> <tr><td><input type="checkbox"/></td><td>Clinical ability (manual dexterity)</td></tr> </table> Communication skills as an: <input type="checkbox"/> Effective writer <input type="checkbox"/> Effective speaker Estimate probable success as a: <input type="checkbox"/> Clinician <input type="checkbox"/> Researcher <input type="checkbox"/> Dental educator <input type="checkbox"/> Graduate student	<u>Rating</u>	<u>Factor</u>	<input type="checkbox"/>	Maturity	<input type="checkbox"/>	Judgment	<input type="checkbox"/>	Leadership	<input type="checkbox"/>	Cooperation	<input type="checkbox"/>	Personality	<input type="checkbox"/>	Military bearing	<input type="checkbox"/>	Personal demeanor	<input type="checkbox"/>	Independence of thought	<input type="checkbox"/>	Performance as a naval officer	<input type="checkbox"/>	Cultural interests (non-dental)	<input type="checkbox"/>	Clinical ability (manual dexterity)	<u>Additional comments:</u>
<u>Rating</u>	<u>Factor</u>																								
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<input type="checkbox"/>	Clinical ability (manual dexterity)																								

Gifted individuals occasionally exhibit sporadic performance due to extenuating circumstances such as family illness, financial need or personal difficulties. Please advise if you are aware of any unique circumstances.

Please provide a brief narrative summary to be used in this evaluation. (Use a maximum of one additional page, if necessary).

Compared to other applicants, how would you rate this applicant?

- Very Strong
- Average
- Weak
- Very weak
- No opinion

Evaluator's typed or printed name	Date
Evaluator's title or position	School or command
Evaluator's signature	