

Lincoln Memorial University-DeBusk College of Osteopathic Medicine (LMU-DCOM)

Physician Evaluation Form

(Required)

This form is provided to the physician for the letter of evaluation. The physician may use this form or submit a letter of evaluation on official letterhead.

APPLICANT INFORMATION (To be completed by applicant) Name of Applicant_ Last First Middle Social Security Number____ - ____ - ____ AACOMAS ID# (if available): Permanent Address Street City State Zip I voluntarily waive and relinquish my right of access to this evaluation. Applicant's Signature Date I retain my right of access to this evaluation. Applicant's Signature Date PHYSICIAN INFORMATION (To be completed by the evaluator) Name____ Address Telephone Number_

Evaluator Signature_____

EVALUATION COMMENTS (To be completed by evaluator) Please state the duration, nature and extent of your association with the applicant. Can you comment on the how the applicant would react in a stressful or crisis situation? ___ Yes ___ No If "Yes," please explain._____ Did the applicant possess any strengths and/or potential for contribution to medicine? ____ Yes ____ No If "Yes," please specify._____ Your overall impression of the applicant. Additional information of interest: Outstanding Above Average Unable to Judge Characteristic Average Below Average Ability to Inspire Confidence Attitude Toward Associates Communication Skills Cooperation **Emotional Stability** Ethical Standards Initiative Intellectual Ability Intellectual Curiosity Judgment Leadership Maturity Personality Reliability

Please mail completed form to:
Lincoln Memorial University-DeBusk College of Osteopathic Medicine (LMU-DCOM)
Admissions Office
6965 Cumberland Gap Parkway

Harrogate, TN 37752

Your impression of the student's knowledge of basic sciences?

Would you recommend this student to LMU-DCOM? _____

Revised July 14, 2011

Study Habits
Other
Other