



Dear Doctor:

We are very interested in obtaining information that will supplement the standard application materials and help us determine the qualifications of individuals applying to our residency program. We would greatly appreciate it if you could take a few minutes to answer several questions listed below about the individual. *His/Her file is not considered complete without this completed form. An additional letter of support is not needed, but will be reviewed if submitted.* Thank you in advance for your time.

APPLICANT'S NAME: _____

1. How long have you known this applicant?

2. In what capacity have you worked with the applicant?

3. Assuming the average student on your rotation is good, how would you rank this applicant relative to the last 50 students you have evaluated? (example: 5th out of 50, 10th out of 50, etc.)

4. Describe any unique factors that you feel are important and/or make this applicant especially suited for orthopaedic surgery.

5. Final recommendation (circle one):
 1. Outstanding applicant, must take!
 2. Excellent applicant, should receive strong consideration
 3. Good applicant

Name and Title (please print)

University

Please mail completed form to the address below:

Douglas P. Hanel, M.D.
Professor and Residency Program Director
University of Washington
Box 354743, Department of Orthopaedics
4245 Roosevelt Way NE, Room E121
Seattle, Washington 98105