



University of Washington
Department of Orthopaedics and Sports Medicine

Dear Doctor:

We are interested in obtaining information that will supplement the standard ERAS application materials and help us determine the qualifications of individuals applying to our Orthopaedic Surgery program. Please answer the following questions regarding the applicant listed below. This form completes their application. Thank you in advance for your time.

Applicant's Name: _____

1. How long have you known the 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: 1st of 50, 5th of 50, 10th 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):
 - a. Outstanding applicant, must take!
 - b. Excellent applicant, should receive strong consideration
 - c. Good applicant

Name and Title (please print)

University or Medical Center

Please mail or FAX completed form to:

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University of Washington

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