



DESCRIPTION OF THE APPLICATION PROCESS

Welcome to the residency application process of the School of Naturopathic Medicine at Bastyr University. Bastyr University is a recognized sponsor of postdoctoral naturopathic medical education by the Council of Naturopathic Medical Education (CNME). Below is a list of the contents of this application packet. **Please read the following pages thoroughly.**

Contents of this application packet

1. Description of the application process
2. Applicant General Data Sheet
3. 2010-2011 Residency Program Preference form
4. Instructions for writing a résumé and résumé template
5. Instructions for writing a Personal Statement and answering the Essay Questions
6. Three (3) Evaluation Forms

Applicant Eligibility

To qualify as an applicant for the 2010-2011 Bastyr University Naturopathic Medicine Residency Program, the successful candidate shall possess by the start of the program the following:

1. A Naturopathic Doctor degree from a college or university that has been accredited or has been granted candidate status by the Council for Naturopathic Medical Education;
2. Successful completion of the NPLEX and ability to secure a license to practice naturopathic medicine from the appropriate licensing jurisdiction, and;
3. Ability to present appropriate documents verifying the candidate's legal right to work in the United States, within 72 hours of employment. If you are a foreign national, you must have the appropriate visa that will allow you to gain full-time employment to complete the entire term of the residency program.

Application Process

This is a candidate-managed application process. This means that you are responsible for collating all required elements of the application and submitting completed application packets to the Director of Graduate and Community Medicine at the Bastyr Center for Natural Health before the deadline on **January 22, 2010**. No applications will be received or processed **after 5 p.m.** of the deadline date unless the posting is reopened.

It is your sole responsibility, during all phases of the application process, to know, understand, and comply with all deadlines and ensure that all forms, documentation, and other required elements of the application are submitted to the selection committee on time.

All official transcripts and evaluation forms must be included with your application. The selection committee will not review documents and information other than those required by the residency application checklist. **Please ensure that the persons who have agreed to be your references read all instructions for evaluation forms.** The evaluation forms will be kept confidential and are solely for use by the selection committee. The applicant must submit transcripts and evaluation forms in their original sealed envelopes with an authorized signature across the envelope seal. **If the selection committee suspects that the document or seal has been altered or tampered with in any way, your residency application may be immediately and permanently terminated.**

The Bastyr University Naturopathic Residency Program is highly competitive. It is the goal of the Resident Selection Committee to select residency candidates who best meet the needs and requirements of the position, and in the sole opinion of the committee will not only thrive, but who will excel beyond the minimum expectations of the program. As such, not all applicants will be invited for an interview. Candidates selected for interview will possess all of the following attributes:

1. Appropriate educational prerequisites as documented through the required official transcripts
2. Eligibility to obtain, or current possession of an unrestricted license to practice naturopathic medicine in the appropriate licensing jurisdiction
3. Demonstration of excellent written communication skills through his/her personal statement and essay questions
4. Ability to project a strong ethical and moral character and to clearly articulate one's expectations, visions, and goals in his/her personal statement
5. Ability to carefully reason and provide thoughtful, mature, and deliberate responses to the issues presented in the essay questions
6. Strong background of relevant experiences, scholarly activities, teaching, and leadership experiences as documented in a résumé.
7. Superior marks in the evaluation forms as attested and verified by the applicant's chosen clinical supervisors/evaluators

Timelines for the Application Process

Below are important dates in the resident application and selection process.

- November 9, 2009 – Residency applications are made available
- January 22, 2010 – Deadline for submission of application documents
- February 15, 2010 – Interview Period begins
- April 9, 2010 – Interview Period ends
- April 12, 2010 – Offer letters mailed to successful candidates
- April 26, 2010 – Deadline for submission of signed Statements of Intent

❖ ***Deadline for the submission of the second year application papers will be on May 15, 2010. Applicants to the second year program will be notified of specific timelines upon receipt of completed applications.***

Checklist for the Application Packet

To complete the Residency Application file, candidates must submit the following items. We strongly encourage using this as a checklist to ensure all necessary application components have been included.

- ❑ Applicant General Data Sheet
- ❑ \$100.00 non-refundable application fee
- ❑ **Résumé** that will **highlight your background** of relevant experiences such as clinical experiences, scholarly activities, teaching, and leadership activities. Please refer to the enclosed "Instructions for writing your résumé" and sample résumé template.
- ❑ Official transcript from your graduating naturopathic college or university. **All applicants must submit transcripts in their original sealed envelopes with an authorized signature across the envelope seal.** If the selection committee suspects that a transcript has been altered or tampered with in any way, **your residency application may be immediately and permanently terminated.**
- ❑ **Three (3) Evaluation Forms.** In the References section of the General Data Sheet, please write the name and information of the three (3) persons who have agreed to be your reference and evaluators. Each

BASTYR

UNIVERSITY

person listed as reference must fill out one evaluation. **One evaluator must be a clinical faculty supervisor. The second evaluator may be a clinical faculty supervisor or a clinical faculty. The third evaluator may be a clinical faculty supervisor, clinical faculty, clinical preceptor, or medical professional.** All documents provided by your references are considered confidential and will be destroyed one year after the conclusion of the selection cycle. Evaluation forms must arrive in sealed envelopes with the evaluator's signature across the envelope seal. Submitted documents that do not meet these requirements will be considered invalid.

- A complete, concise, one-page (**12 font typed, SINGLE-SPACED, single sided, with 1X1 inch margins**) personal statement of purpose indicating your reasons for applying to the Residency Program. Type your name in the upper right hand corner of the page.
- A complete, concise, one-page (**12 font typed, DOUBLE-SPACED, single sided, 1x1 inch margins**) for each essay question. Type your name in the upper right hand corner of each page.

Please submit or mail the complete application packet to the following address:

***Gary Garcia, MD, MHA
Director of Graduate and Community Medicine
Bastyr Center for Natural Health
3670 Stone Way N
Seattle, WA 98103***

For inquiries: Contact Dr. Garcia at (206) 834-4124 or via email at ggarcia@bastyr.edu

Before submitting all documents, it is strongly recommended that you make a copy of your application for your records.



APPLICANT GENERAL DATA SHEET

Last Name **First** **MI**

Street Address **City** **State** **Zip**

Day Phone **Evening Phone** **Cell Phone**

Email **Position Applying for**

Best way to contact: Day Phone Evening Phone Cell Phone Email Regular Mail

Are you over the age of 18? No Yes

Are you lawfully permitted to work in the United States? No Yes

Will you now or in the future require sponsorship for employment visa status? No Yes

Will your current visa status allow you to complete the entire term of training program? No Yes

IMMIGRATION & CONTROL ACT: All new hires will be required to submit verification of their legal right to work in the US within 72 hours of beginning employment.

EDUCATION RECORD

I will complete (or have completed) my Naturopathic Doctor degree on: _____
(Month and Year)

My ND degree is from: _____
(Name of conferring school)

PERSONAL DATA

Have you been convicted of any criminal offense in the past 10 years? No Yes

If **YES**, indicate the nature of offense, date, court and disposition.

Is there anything that will interfere with your ability to perform, on a regular basis, the essential duties of the job for which you are now applying?

EVALUATORS / RECOMMENDING SUPERVISORS

List three evaluators or recommending supervisors (clinical faculty, supervisors, or professionals) who have knowledge of your qualifications for the position for which you are applying.

Name	Clinic	Address/City/State/Zip Code	Phone Number <i>(Include area code)</i>	When may we contact them?

Where did you hear about us? _____

PLEASE READ THIS SECTION CAREFULLY, THEN SIGN AND DATE IN SPACES PROVIDED BELOW.

I certify that the information given by me to Bastyr University is true and complete to the best of my knowledge. I understand that if I am employed, discovery that I gave false information during the application process may result in immediate dismissal.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with Bastyr University's interest, nor will I become engaged in such activity or business if employed.

I authorize Bastyr University to solicit information regarding my education and previous employment, similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information. If employed, I release the University from any liability for future references it may provide regarding my work history with Bastyr University.

In consideration of my employment, I agree that my employment and compensation can be terminated with or without cause, and with or without notice at any time, at the option of either the hiring institution or myself.

If employed, I further agree that if hiring institution advances any paid leave before it has been accrued, or advances or loans me any money during the course of my employment, or if I lose, damage, or fail to return any of the institution's property, the institution is authorized to deduct from my wages sufficient funds to repay such loans or advances or to replace its property.

Signature _____
Applicant

_____ Date

Below is a list of possible residency opportunities, and is not reflective of additional opportunities under development by the Office of Graduate and Community Medicine. Applicants are required to interview at each site for which s/he would like to be considered. Once the selection committee completes the initial screening process, written notification will be mailed to the applicant confirming his/her eligibility to interview. Instructions regarding the interview process for each participating site will be provided.

Please check the box for each opportunity for which you would like to be considered. After completing your selections, carefully read the Acknowledgement and Disclaimer. If you agree with these statements, kindly print your name, sign, and date. Return this form with the application packet. Only completed forms will be considered.

<p>BASTYR CENTER FOR NATURAL HEALTH First Year Residency Opportunities:</p> <p><input type="checkbox"/> BCNH, Seattle, WA</p> <ul style="list-style-type: none"> ▪ Six (6) Full-time Residency Positions ▪ Start date: September 2010 ▪ General Medicine ▪ Out-patient Clinic ▪ Program Director: Gary Garcia, MD, MHA 	<p><input type="checkbox"/> Cancer Treatment Centers of America at Midwestern Regional Medical Center Zion, IL</p> <ul style="list-style-type: none"> ▪ One (1) Full-time, two-year position ▪ Start date: November 2010 ▪ Naturopathic Oncology ▪ Out-patient and In-patient rotations ▪ Program Director: Kristin Stiles-Green, ND
<p>BASTYR CENTER FOR NATURAL HEALTH Second Year Residency Opportunities</p> <p><input type="checkbox"/> BCNH, Seattle, WA</p> <ul style="list-style-type: none"> ▪ Two (2) Full-time Residency Positions ▪ Start date: September 2010 ▪ General Medicine ▪ Out-patient Clinic ▪ Program Director: Gary Garcia, MD, MHA 	<p><input type="checkbox"/> Cancer Treatment Centers of America at Southwestern Regional Medical Center Tulsa, OK</p> <ul style="list-style-type: none"> ▪ One (1) Full-time, two-year position ▪ Start date: November 2010 ▪ Naturopathic Oncology ▪ Out-patient and In-patient rotations ▪ Program Director: Katherine Anderson, ND
<p>AFFILIATE FIRST YEAR RESIDENCIES</p> <p><input type="checkbox"/> Emerald City Clinic, Seattle, WA</p> <ul style="list-style-type: none"> ▪ One (1) Full-time, one-year position ▪ Private Clinic – Community setting ▪ Start Date: October 2010 ▪ General medicine ▪ Program Director: Molly Linton, ND 	<p><input type="checkbox"/> Cancer Treatment Centers of America at Eastern Regional Medical Center Philadelphia, PA</p> <ul style="list-style-type: none"> ▪ One (1) Full-time, two-year position ▪ Start date: November 2010 ▪ Naturopathic Oncology ▪ Out-patient and In-patient rotations ▪ Program Director: Michelle Qaqudah, ND
<p><input type="checkbox"/> Naturopathic Family Medicine, Seattle, WA</p> <ul style="list-style-type: none"> ▪ One (1) Full-time, one-year position ▪ Start date: November 2010 ▪ Private Clinic – Community setting ▪ General medicine with additional exposure to pediatric conditions ▪ Program Director: Tamara Cullen, ND 	<p><input type="checkbox"/> Center for Cancer Care-Goshen Health System Goshen, IN</p> <ul style="list-style-type: none"> ▪ One (1) Full-time, two-year position ▪ Start date: October 2010 ▪ Naturopathic Oncology ▪ Out-patient and In-patient rotations ▪ Program Director: Marcia Prenguber, ND

<input type="checkbox"/> Yellowstone Naturopathic Clinic, Billings, MT <ul style="list-style-type: none"> ▪ One (1) Full-time, one-year position ▪ Start date: November 2010 ▪ Private Clinic – Community setting ▪ General medicine ▪ Program Director: Margaret Beeson, ND 	<input type="checkbox"/> Dual ND AOM Residency, Steelsmith Natural Health Center, Honolulu, HI <ul style="list-style-type: none"> ▪ One (1) Full-time, two-year position ▪ Start date: Late 2010 or January 2010 ▪ Private Clinic – Community setting ▪ Dual residency program that wherein the resident will train in both modalities ▪ Program Director: Laurie Steelsmith, ND, LAc
<input type="checkbox"/> Riverwalk Naturopathic Health Clinic, Edwards, CO <ul style="list-style-type: none"> ▪ One (1) Full-time, one-year position ▪ Start date: November 2010 ▪ Private Clinic – Community setting ▪ General Medicine, with opportunity to practice acupuncture for a dually licensed practitioner ▪ Program Director: Deborah Wiancek, ND 	<p>Please indicate below if you would like to be included for other future residency training offerings (within the state of Washington or out-of-state), should any be available for the 2010-2011 program year.</p> <input type="checkbox"/> <u>Yes</u> , please make my application and supporting documents available if a new program offering arises. <u>No</u> , do not make my application and supporting documents available to other new program offerings. <input type="checkbox"/> <u>Depends</u> on the state where the program will be situated: Yes, if it is in _____ No, if it is in _____
<input type="checkbox"/> ITI / STAIR Residency Scholarship <ul style="list-style-type: none"> ▪ Integrative General Medicine ▪ Two (2) Full-time One-Year Residency Positions (one per training site) ▪ Projected Start Date: November 2010 ▪ Site 1: NatureMed Clinic, Boulder, CO ▪ Site 2: Integrative Family Wellness Center, Brookfield, WI ▪ For additional information on proposed sites, call Dr. Garcia at (206) 834-4124 <p>(Note: The application fee is waived if applying <u>only</u> to the ITI/STAIR Residency Scholarship program. You may also use the application form downloaded from www.stair.integrativeinc.com)</p>	

CAREFULLY READ THE FOLLOWING ACKNOWLEDGEMENT AND DISCLAIMER STATEMENTS

ACKNOWLEDGEMENT

By signing below, I certify that I have gathered all the necessary information needed to make my selection above regarding the programs offered at each site. I understand that interviews for positions are at the discretion of, and by invitation from, each individual site. I recognize that should I accept an offered position to any of the above selected programs, that this may require that I relocate to the appointing site, and that this shall be all on my expense. Furthermore, I understand that not accepting the offer within the appropriate timelines may decrease my future chances of being accepted to any of the above selected programs.

Print Name *Signature* *Date*

DISCLAIMER

By signing below, I am fully aware that all the current residency offerings are based on projected needs of each host site and dependent on availability of program funding at the proposed start date. I agree that the university shall not be held responsible for the cancellation of residency positions at any of the sites; that such cancellations shall be at the discretion of the hosting site; and that the university does not guarantee permanence of any offered position.

Print Name *Signature* *Date*



INSTRUCTIONS TO THE APPLICANT

Instructions for writing your Résumé

Please write your résumé in one (1) to a maximum of three (3) single-sided pages. Use 10-font type and single-space with 1 x 1 inch margins. With the exception of the title page, your résumé should have your name in the upper right hand corner of the page. **Please refer to the sample enclosed. It is important that you adhere to this format.**

Definition of Terms

Profile

The selection committee is interested in a short paragraph that summarizes and highlights your special interests, skills, and strengths. Limit your description to a maximum of five (5) lines.

Education

1. Identify the institution from which you will or have received the ND degree. Include the city, state, years attended, and expected date of graduation. Provide a short description of the program (maximum of 5 lines). Provide a short description (maximum of 5 lines for each) of the research projects in which you participated as a primary investigator, co-investigator, or research assistant, other than those required by courses attended. List all your preceptorships – preceptor name, specialty or scope of practice, and hours attended.
2. Identify all institutions (if you transferred from a school other than that conferring the degree) for credits earned towards the ND degree. Include the city, state, and years attended. Provide a short description of the program (maximum of 5 lines). Provide a short description (maximum of 5 lines for each) of the research projects in which you participated as a primary investigator, co-investigator, or research assistant, other than those required by courses attended. List all your preceptorships – preceptor name, scope of practice or specialty, and hours attended.
3. Identify all the institutions from which you received your undergraduate and post-graduate degree(s). Include city, state, and years attended. Provide a short description of the program (maximum of 5 lines). Provide a short description (maximum of 5 lines for each) of the campus or research projects in which you participated, besides those required by courses attended.

Related Experience

Identify the institution(s) or program(s) at which you were able to demonstrate your **clinical / patient care, teaching, or leadership skills**. Include the city, state, and years worked or attended. Provide in bullet format descriptions (up to a maximum of 5 lines for each position), that will highlight your role and skills in the institution or program.

First Name MI Last Name
Current Address of Student
City, State, Zip Code

Profile

Desires a first year resident position in the Bastyr University Naturopathic Medicine Residency Program. Able to be effective in a practice of any size. Draw on experience with a range of patient issues, including additional work in women and children's care. Interested in health education for homeless. Strong desire to contribute to the success of a program through an ability to initiate and maintain relationships. Creative developer and presenter of educational information.

Education

Doctor of Naturopathic Medicine, Graduating June 2004

Bastyr University, Kenmore, WA 1999 – 2004

Completing an accredited program of coursework and supervised practice in Botanical, Homeopathic, and Physical Medicine. Extensive exposure to issues involving women and children. Additional work in nutrition.

Research Project

- Assisted the primary investigator in a double blind, randomized controlled trial conducted at the Bastyr Center for Natural Health that evaluated the effectiveness of herbal supplements towards the control of Diabetes Mellitus in post-menopausal women. Co-authored the research report that has been submitted for publication to the Journal of Alternative Medicine.

Preceptorships:

- James Smith, ND, General Practice, 20 hours.
- Agnes Carter, ND, Woman's Practice, 20 hours.

Bachelor of Science, Zoology

Miami University, Oxford, OH 1991 - 1995

- Participated in a community service project to increase citizen participation in a clean up campaign.
- Served as project leader in a fund raising project sponsored by the University Student Council towards helping homeless youths' return back to school.

Related Experience

Bastyr University, Kenmore, WA 2000-present

Teaching Assistant

- Assists professor in the Anatomy class.
- Guides students during cadaver dissections.
- Answers questions and demonstrate as needed.

Kenmore Youth Ministry, Kenmore, WA 2000-2001

Camp Group Leader

- Participated in community youth group activities.
- Developed activity programs now utilized by the youth ministry in helping children improve reading skills.

Franciscan Care Center Nursing Home, Seattle, WA 1998 - 1999

Volunteer Recreation Worker

- Provided social support to patients by reading to them, writing letters, and visiting with them.
- Formed friendships which enriched lives of patients

McCullough County Hospital, Oxford, OH 1995-1996

Volunteer Aide

- Performed reception and other office duties in the Maternity ward.

Morgan Mountain Sports, Oxford, OH 1995 – 1997

Owner and Operator

- Started and managed this recreation business which served enthusiasts and tourists in State park.
- Created radio promotions, flyers and interesting events which increased participation in mountain biking

INSTRUCTIONS FOR WRITING A PERSONAL STATEMENT AND ANSWERING THE ESSAY QUESTIONS

I. Instructions for writing a Personal Statement

1. Write a concise, one-page personal statement (**12-font typed, SINGLE-SPACED, single-sided with 1 X 1 inch margins**) ***for each program*** to which you are applying.
2. Write your name and indicate the program (i.e. BCNH, CTCA, Center for Cancer Care, Steelsmith, etc.) in the upper right hand corner of the page. In this statement, describe the following:
 - a. Your reasons for applying to that particular program;
 - b. Your expectations from the program;
 - c. Why you think your application should be strongly considered;
 - d. Your future plans upon completion of the residency program, and;
 - e. For oncology-based programs, be very specific about your interest in oncology, and why you have chosen to apply this program.

II. Instructions for answering the Essay Questions

Please answer all three essay questions. These questions are required as part of your residency application. For each essay question below, write a complete, concise, one-page (**12 font typed, DOUBLE-SPACED, single sided with 1 X 1 inch margins**) answer. Type your name in the upper right hand corner of the page.

1. Essay Question 1: Being an effective clinical resident requires possessing not only professional leadership skills, but also the ability to work well within a team.
 - a) How do you envision integrating these two seemingly different qualities in your role as a resident?
 - b) Please cite an example from your own experience wherein you achieved doing this.
2. Essay Question 2: Part of the experience of working in an academic clinical setting involves interactions with a diverse environment of patients, office staff, students, and other physicians. Situations sometimes arise that involve ethical dilemmas or various types of conflict.
 - a) Discuss how you approach conflict resolution and ethical dilemmas.
 - b) Please cite an example from your own experience wherein you applied this approach.
3. Essay Question 3:
 - a. If applying to BCNH, please respond to this question:
An important component of being a resident at Bastyr is the ability to use of one's teaching skills in the clinical setting.
 - i. What is your philosophy of teaching?
 - ii. By what standard would you measure your effectiveness as an instructor?
 - iii. Please cite an example from your own experience wherein you applied this philosophy.
 - b. If applying to an oncology-based program (CTCA, Center for Care Care), please respond to this question:
When managing patients with advanced stages of cancers, death and dying is an issue for these patients, their loved ones, and their caregivers. In what ways would you attempt to support these patients and their families? How will you support yourself when working with these patients?
 - c. If applying to an affiliate Private Clinic program (i.e. Steelsmith, Riverwoods, etc.), please answer this question: An important component of being a resident in a private clinic is developing your patient base. Please provide at least two specific ways that you plan to approach this challenge.
 - d. If applying to the ITI – STAIR program, please answer this question:
An important aspect of being a resident in an integrative setting clinic is developing your ability to work well with practitioners of different professions, both naturopathic and non-naturopathic. Please identify a specific challenge that you may likely encounter and tell us how you intend to approach the situation. Please be as specific as possible.

TO THE APPLICANT Please complete this section and give it to the person who has agreed to serve as your reference and complete the application Evaluation Form. This form must be submitted together with the other application documents by required deadline as part of your application packet. This form must be in its unopened, original, sealed envelope with the signature of your reference across the seal to be considered as part of the application packet. It is your sole responsibility, during all phases of the application process, to be apprised of the deadlines and ensure that all necessary forms, documentation and other required elements of the application are submitted to the selection committee on time. **Incomplete packets will not be considered.**

By signing below, you waive the right to view this evaluation form. In the interest of maintaining the strictest standards of confidentiality, forms that are not signed (and any attachments associated with unsigned forms) will be considered incomplete and will not be considered as part of the application.

I, the undersigned, understand this is a confidential evaluation form. I understand neither this form nor any related submissions will be made available to anyone outside Bastyr University unless required by legal action. I understand this record will be destroyed one year after my application for residency. I will not ask to review this form or any associated submissions.

Applicant's Legal Signature _____ Date _____

Applicant's Legal Name _____

Applicant's Address _____

City/State/Zip _____ Phone _____

TO THE EVALUATOR The person named above is applying to Bastyr University for a clinical residency position. The applicant requested your evaluation be included as part of the information on which the selection committee will base their decision. **Please respond frankly to the questions and issues on this form and feel free to include or attach any additional pertinent comments.** These records will be destroyed one year after the selection process and the applicant will not be allowed to review your submission unless otherwise required by legal action. Evaluations are a critical component in a candidate's application. Please return this form to the applicant in the original envelope, sealed and signed across the seal so the applicant may mail it with his/her application.

Due to the sensitive nature of this evaluation and our request for your honest assessment of this individual, the candidate has been apprised that any indication of a breach of the confidential nature of this form will result in immediate and permanent termination of their residency application.

On behalf of the applicant, the Resident Selection Committee would like to thank you for agreeing to serve as a reference. Please understand that as a reference you may be contacted to address additional questions or concerns if necessary. In order to facilitate this process, we ask that you provide the selection committee with the necessary contact information.

Evaluator's relationship with the applicant (please check only one condition that applies):

- Clinical Supervising Physician**
- Clinical Faculty Member**
- Clinical Faculty Member, Clinical Preceptor, or Other Medical Professional**

I have known the candidate for:

- 1 quarter (3 months) 2 quarters (6 months) 3 quarters (9 months) 4 quarters (12 months) >4 quarters (>12 months)

By signing below, you certify that all information contained on this form and any associated submissions are true to the best of your knowledge.

Evaluator's Legal Signature _____ Date _____

Evaluator's Legal Name _____

Evaluator's Address _____

City/State/Zip _____ Work Phone _____ Best Time to Call _____

TO THE EVALUATOR Your evaluation is a critical component of the candidate's application. Please take your time to respond to the categories on this form and feel free to include any additional pertinent comments. Please assess the applicant's style and skill level in the following categories. **Check ALL traits that apply to this candidate and rate accordingly. Feel free to write additional comments.**

I. Communication Skills

A. Verbal Style

- Direct Deliberate Reflective Circuitous Appropriate Formal
 Inappropriate Articulate Informal Clear Excessive Disjointed

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

B. Aural Style (Listening)

- Unmindful Attentive Distracted Empathetic Pretentious Thoughtful
 Reflective Insensitive Responsive Dull Focused Oblivious

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

C. Written Communication

- Excellent Competent Good Satisfactory Adequate Poor

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

D. Group Interactions

- Reserved Focused Motivating Respectful Passionate Shows Initiative
 Leader Uninterested Dominating Needs prompting Inclusive Timid

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

E. Case / Clinical Presentation Skills

- Concise Confusing Reflective Circuitous Well researched Formal
 Unprepared Articulate Informal Clear Excessive Disjointed

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

II. Situational Performance

A. Medical Emergency

- Panicked Focused Hesitant Competent Unsure Cannot Evaluate
 Quick Inappropriate Calm Scattered Organized

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

B. Last minute changes in schedule or patient appointments

- Accepting Irritable Composed Frustrated Adaptable Cooperative Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

C. Attitude on patient of different racial, socioeconomic, religious, sexual orientation, or cultural background

- Accepting
 Judgmental
 Respectful
 Avoidant
 Receptive
 Dismissive
 Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

D. Challenging Patients (patients whose behaviors are angry, admiring, cynical, etc.)

- Empathetic
 Reactive
 Helpful
 Appropriate
 Avoidant
 Accepting
 Cannot Evaluate
 Confrontational
 Responsive
 Fearful
 Dismissive
 Patient
 Controlling

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

E. Friction with Supervisor, Student, Staff

- Communicative
 Reactive
 Professional
 Appropriate
 Antagonistic
 Calm
 Cannot Evaluate
 Avoidant
 Responsible
 Spiteful
 Passive
 Ethical
 Controlling

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

III. Medical Expertise

A. When taking the clinical history and review of system

- Thorough
 Nonchalant
 Methodical
 Disorganized
 Competent
 Dismissive
 Cannot Evaluate
 Uncertain
 Adequate
 Inappropriate
 Excellent
 Poor
 Confident

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

B. When recognizing abnormal results on a Physical Exam

- Adept
 Dismissive
 Methodical
 Unaware
 Competent
 Undiscerning
 Cannot Evaluate
 Uncertain
 Adequate
 Nonchalant
 Thorough
 Poor
 Confident

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

C. When interpreting and analyzing abnormal results on PE, Lab, or Imaging

- Adept
 Dismissive
 Methodical
 Unaware
 Competent
 Undiscerning
 Cannot Evaluate
 Uncertain
 Adequate
 Nonchalant
 Thorough
 Poor
 Logical

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

D. When prescribing and dosing of nutritional supplements

- Appropriate
 Anecdotal
 Knowledgeable
 Intuitive
 Competent
 Adamant
 Cannot Evaluate
 Baseless
 Methodical
 Overuses
 Thorough
 Inadequate
 Safe

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

E. When prescribing and dosing of naturopathic remedies

- Appropriate
 Anecdotal
 Knowledgeable
 Intuitive
 Competent
 Adamant
 Cannot Evaluate
 Baseless
 Methodical
 Overuses
 Thorough
 Inadequate
 Safe

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

Applicant Name: _____

F. When prescribing and dosing of homeopathic remedies

- Appropriate Anecdotal Knowledgeable Intuitive Competent Adamant Cannot Evaluate
 Baseless Methodical Overuses Thorough Inadequate Safe

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

G. When prescribing, formulating, and dosing of botanical formulas

- Appropriate Anecdotal Knowledgeable Intuitive Competent Adamant Cannot Evaluate
 Baseless Methodical Overuses Thorough Inadequate Safe

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

H. Technique, Application, and Use of Hydrotherapy

- Appropriate Anecdotal Knowledgeable Intuitive Competent Adamant Cannot Evaluate
 Baseless Methodical Overuses Thorough Inadequate Safe

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

I. Technique, Application, and Use of Physical Medicine

- Appropriate Anecdotal Knowledgeable Intuitive Competent Adamant Cannot Evaluate
 Baseless Methodical Overuses Thorough Inadequate Safe

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

J. Technique, Application, and Use of Lifestyle and Diet

- Appropriate Anecdotal Knowledgeable Intuitive Competent Adamant Cannot Evaluate
 Baseless Methodical Overuses Thorough Inadequate Safe

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

K. Incorporation of the Principles of Naturopathic Medicine – Philosophy / Treatment / Management

- Appropriate Anecdotal Knowledgeable Intuitive Competent Adamant Cannot Evaluate
 Baseless Methodical Overuses Thorough Inadequate Safe

How would you rate this applicant overall? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

IV. Additional Information

A. If not covered by the previous questions, please list the applicant's strengths AND/OR weaknesses.

B. Please add other information about this applicant that you would like us to know.

How would you rate this applicant overall? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Based on the evaluation that you have indicated above, please select the statement that best applies.

- I **WOULD NOT RECOMMEND** this candidate to your residency program.
 I would recommend this candidate to your residency program, **BUT WITH SOME RESERVATIONS.**
 I **WOULD RECOMMEND** this candidate to your residency program.
 I **WOULD HIGHLY RECOMMEND** this candidate to your residency program.

Printed Name: _____ Signature of Evaluator: _____ Date: _____

TO THE APPLICANT Please complete this section and give it to the person who has agreed to serve as your reference and complete the application Evaluation Form. This form must be submitted together with the other application documents by required deadline as part of your application packet. This form must be in its unopened, original, sealed envelope with the signature of your reference across the seal to be considered as part of the application packet. It is your sole responsibility, during all phases of the application process, to be apprised of the deadlines and ensure that all necessary forms, documentation and other required elements of the application are submitted to the selection committee on time. **Incomplete packets will not be considered.**

By signing below, you waive the right to view this evaluation form. In the interest of maintaining the strictest standards of confidentiality, forms that are not signed (and any attachments associated with unsigned forms) will be considered incomplete and will not be considered as part of the application.

I, the undersigned, understand this is a confidential evaluation form. I understand neither this form nor any related submissions will be made available to anyone outside Bastyr University unless required by legal action. I understand this record will be destroyed one year after my application for residency. I will not ask to review this form or any associated submissions.

Applicant's Legal Signature _____ Date _____

Applicant's Legal Name _____

Applicant's Address _____

City/State/Zip _____ Phone _____

TO THE EVALUATOR The person named above is applying to Bastyr University for a clinical residency position. The applicant requested your evaluation be included as part of the information on which the selection committee will base their decision. **Please respond frankly to the questions and issues on this form and feel free to include or attach any additional pertinent comments.** These records will be destroyed one year after the selection process and the applicant will not be allowed to review your submission unless otherwise required by legal action. Evaluations are a critical component in a candidate's application. Please return this form to the applicant in the original envelope, sealed and signed across the seal so the applicant may mail it with his/her application.

Due to the sensitive nature of this evaluation and our request for your honest assessment of this individual, the candidate has been apprised that any indication of a breach of the confidential nature of this form will result in immediate and permanent termination of their residency application.

On behalf of the applicant, the Resident Selection Committee would like to thank you for agreeing to serve as a reference. Please understand that as a reference you may be contacted to address additional questions or concerns if necessary. In order to facilitate this process, we ask that you provide the selection committee with the necessary contact information.

Evaluator's relationship with the applicant (please check only one condition that applies):

- Clinical Supervising Physician**
- Clinical Faculty Member**
- Clinical Faculty Member, Clinical Preceptor, or Other Medical Professional**

I have known the candidate for:

- 1 quarter (3 months) 2 quarters (6 months) 3 quarters (9 months) 4 quarters (12 months) >4 quarters (>12 months)

By signing below, you certify that all information contained on this form and any associated submissions are true to the best of your knowledge.

Evaluator's Legal Signature _____ Date _____

Evaluator's Legal Name _____

Evaluator's Address _____

City/State/Zip _____ Work Phone _____ Best Time to Call _____

TO THE EVALUATOR Your evaluation is a critical component of the candidate's application. Please take your time to respond to the categories on this form and feel free to include any additional pertinent comments. Please assess the applicant's style and skill level in the following categories. **Check ALL traits that apply to this candidate and rate accordingly. Feel free to write additional comments.**

II. Communication Skills

A. Verbal Style

- Direct Deliberate Reflective Circuitous Appropriate Formal
 Inappropriate Articulate Informal Clear Excessive Disjointed

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

B. Aural Style (Listening)

- Unmindful Attentive Distracted Empathetic Pretentious Thoughtful
 Reflective Insensitive Responsive Dull Focused Oblivious

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

C. Written Communication

- Excellent Competent Good Satisfactory Adequate Poor

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

D. Group Interactions

- Reserved Focused Motivating Respectful Passionate Shows Initiative
 Leader Uninterested Dominating Needs prompting Inclusive Timid

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

E. Case / Clinical Presentation Skills

- Concise Confusing Reflective Circuitous Well researched Formal
 Unprepared Articulate Informal Clear Excessive Disjointed

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

II. Situational Performance

A. Medical Emergency

- Panicked Focused Hesitant Competent Unsure Cannot Evaluate
 Quick Inappropriate Calm Scattered Organized

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

B. Last minute changes in schedule or patient appointments

- Accepting Irritable Composed Frustrated Adaptable Cooperative Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

C. Attitude on patient of different racial, socioeconomic, religious, sexual orientation, or cultural background

- Accepting
 Judgmental
 Respectful
 Avoidant
 Receptive
 Dismissive
 Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

D. Challenging Patients (patients whose behaviors are angry, admiring, cynical, etc.)

- Empathetic
 Reactive
 Helpful
 Appropriate
 Avoidant
 Accepting
 Cannot Evaluate
 Confrontational
 Responsive
 Fearful
 Dismissive
 Patient
 Controlling

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

E. Friction with Supervisor, Student, Staff

- Communicative
 Reactive
 Professional
 Appropriate
 Antagonistic
 Calm
 Cannot Evaluate
 Avoidant
 Responsible
 Spiteful
 Passive
 Ethical
 Controlling

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

III. Medical Expertise

A. When taking the clinical history and review of system

- Thorough
 Nonchalant
 Methodical
 Disorganized
 Competent
 Dismissive
 Cannot Evaluate
 Uncertain
 Adequate
 Inappropriate
 Excellent
 Poor
 Confident

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

B. When recognizing abnormal results on a Physical Exam

- Adept
 Dismissive
 Methodical
 Unaware
 Competent
 Undiscerning
 Cannot Evaluate
 Uncertain
 Adequate
 Nonchalant
 Thorough
 Poor
 Confident

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

C. When interpreting and analyzing abnormal results on PE, Lab, or Imaging

- Adept
 Dismissive
 Methodical
 Unaware
 Competent
 Undiscerning
 Cannot Evaluate
 Uncertain
 Adequate
 Nonchalant
 Thorough
 Poor
 Logical

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

D. When prescribing and dosing of nutritional supplements

- Appropriate
 Anecdotal
 Knowledgeable
 Intuitive
 Competent
 Adamant
 Cannot Evaluate
 Baseless
 Methodical
 Overuses
 Thorough
 Inadequate
 Safe

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

E. When prescribing and dosing of naturopathic remedies

- Appropriate
 Anecdotal
 Knowledgeable
 Intuitive
 Competent
 Adamant
 Cannot Evaluate
 Baseless
 Methodical
 Overuses
 Thorough
 Inadequate
 Safe

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

Applicant Name: _____

F. When prescribing and dosing of homeopathic remedies

- Appropriate Anecdotal Knowledgeable Intuitive Competent Adamant Cannot Evaluate
 Baseless Methodical Overuses Thorough Inadequate Safe

How would you rate this applicant in this category? (Please shade the appropriate number) ➔	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

G. When prescribing, formulating, and dosing of botanical formulas

- Appropriate Anecdotal Knowledgeable Intuitive Competent Adamant Cannot Evaluate
 Baseless Methodical Overuses Thorough Inadequate Safe

How would you rate this applicant in this category? (Please shade the appropriate number) ➔	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

H. Technique, Application, and Use of Hydrotherapy

- Appropriate Anecdotal Knowledgeable Intuitive Competent Adamant Cannot Evaluate
 Baseless Methodical Overuses Thorough Inadequate Safe

How would you rate this applicant in this category? (Please shade the appropriate number) ➔	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

I. Technique, Application, and Use of Physical Medicine

- Appropriate Anecdotal Knowledgeable Intuitive Competent Adamant Cannot Evaluate
 Baseless Methodical Overuses Thorough Inadequate Safe

How would you rate this applicant in this category? (Please shade the appropriate number) ➔	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

J. Technique, Application, and Use of Lifestyle and Diet

- Appropriate Anecdotal Knowledgeable Intuitive Competent Adamant Cannot Evaluate
 Baseless Methodical Overuses Thorough Inadequate Safe

How would you rate this applicant in this category? (Please shade the appropriate number) ➔	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

K. Incorporation of the Principles of Naturopathic Medicine – Philosophy / Treatment / Management

- Appropriate Anecdotal Knowledgeable Intuitive Competent Adamant Cannot Evaluate
 Baseless Methodical Overuses Thorough Inadequate Safe

How would you rate this applicant overall? (Please shade the appropriate number) ➔	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

IV. Additional Information

A. If not covered by the previous questions, please list the applicant's strengths AND/OR weaknesses.

B. Please add other information about this applicant that you would like us to know.

How would you rate this applicant overall? (Please shade the appropriate number) ➔	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Based on the evaluation that you have indicated above, please select the statement that best applies.

- I **WOULD NOT RECOMMEND** this candidate to your residency program.
 I would recommend this candidate to your residency program, **BUT WITH SOME RESERVATIONS.**
 I **WOULD RECOMMEND** this candidate to your residency program.
 I **WOULD HIGHLY RECOMMEND** this candidate to your residency program.

Printed Name: _____ Signature of Evaluator: _____ Date: _____

TO THE APPLICANT Please complete this section and give it to the person who has agreed to serve as your reference and complete the application Evaluation Form. This form must be submitted together with the other application documents by required deadline as part of your application packet. This form must be in its unopened, original, sealed envelope with the signature of your reference across the seal to be considered as part of the application packet. It is your sole responsibility, during all phases of the application process, to be apprised of the deadlines and ensure that all necessary forms, documentation and other required elements of the application are submitted to the selection committee on time. **Incomplete packets will not be considered.**

By signing below, you waive the right to view this evaluation form. In the interest of maintaining the strictest standards of confidentiality, forms that are not signed (and any attachments associated with unsigned forms) will be considered incomplete and will not be considered as part of the application.

I, the undersigned, understand this is a confidential evaluation form. I understand neither this form nor any related submissions will be made available to anyone outside Bastyr University unless required by legal action. I understand this record will be destroyed one year after my application for residency. I will not ask to review this form or any associated submissions.

Applicant's Legal Signature _____ Date _____

Applicant's Legal Name _____

Applicant's Address _____

City/State/Zip _____ Phone _____

TO THE EVALUATOR The person named above is applying to Bastyr University for a clinical residency position. The applicant requested your evaluation be included as part of the information on which the selection committee will base their decision. **Please respond frankly to the questions and issues on this form and feel free to include or attach any additional pertinent comments.** These records will be destroyed one year after the selection process and the applicant will not be allowed to review your submission unless otherwise required by legal action. Evaluations are a critical component in a candidate's application. Please return this form to the applicant in the original envelope, sealed and signed across the seal so the applicant may mail it with his/her application.

Due to the sensitive nature of this evaluation and our request for your honest assessment of this individual, the candidate has been apprised that any indication of a breach of the confidential nature of this form will result in immediate and permanent termination of their residency application.

On behalf of the applicant, the Resident Selection Committee would like to thank you for agreeing to serve as a reference. Please understand that as a reference you may be contacted to address additional questions or concerns if necessary. In order to facilitate this process, we ask that you provide the selection committee with the necessary contact information.

Evaluator's relationship with the applicant (please check only one condition that applies):

- Clinical Supervising Physician**
- Clinical Faculty Member**
- Clinical Faculty Member, Clinical Preceptor, or Other Medical Professional**

I have known the candidate for:

- 1 quarter (3 months) 2 quarters (6 months) 3 quarters (9 months) 4 quarters (12 months) >4 quarters (>12 months)

By signing below, you certify that all information contained on this form and any associated submissions are true to the best of your knowledge.

Evaluator's Legal Signature _____ Date _____

Evaluator's Legal Name _____

Evaluator's Address _____

City/State/Zip _____ Work Phone _____ Best Time to Call _____

TO THE EVALUATOR Your evaluation is a critical component of the candidate's application. Please take your time to respond to the categories on this form and feel free to include any additional pertinent comments. Please assess the applicant's style and skill level in the following categories. **Check ALL traits that apply to this candidate and rate accordingly. Feel free to write additional comments.**

III. Communication Skills

A. Verbal Style

- Direct Deliberate Reflective Circuitous Appropriate Formal
 Inappropriate Articulate Informal Clear Excessive Disjointed

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

B. Aural Style (Listening)

- Unmindful Attentive Distracted Empathetic Pretentious Thoughtful
 Reflective Insensitive Responsive Dull Focused Oblivious

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

E. Written Communication

- Excellent Competent Good Satisfactory Adequate Poor

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

D. Group Interactions

- Reserved Focused Motivating Respectful Passionate Shows Initiative
 Leader Uninterested Dominating Needs prompting Inclusive Timid

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

E. Case / Clinical Presentation Skills

- Concise Confusing Reflective Circuitous Well researched Formal
 Unprepared Articulate Informal Clear Excessive Disjointed

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

II. Situational Performance

A. Medical Emergency

- Panicked Focused Hesitant Competent Unsure Cannot Evaluate
 Quick Inappropriate Calm Scattered Organized

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

B. Last minute changes in schedule or patient appointments

- Accepting Irritable Composed Frustrated Adaptable Cooperative Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

C. Attitude on patient of different racial, socioeconomic, religious, sexual orientation, or cultural background

- Accepting
 Judgmental
 Respectful
 Avoidant
 Receptive
 Dismissive
 Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

F. Challenging Patients (patients whose behaviors are angry, admiring, cynical, etc.)

- Empathetic
 Reactive
 Helpful
 Appropriate
 Avoidant
 Accepting
 Cannot Evaluate
 Confrontational
 Responsive
 Fearful
 Dismissive
 Patient
 Controlling

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

F. Friction with Supervisor, Student, Staff

- Communicative
 Reactive
 Professional
 Appropriate
 Antagonistic
 Calm
 Cannot Evaluate
 Avoidant
 Responsible
 Spiteful
 Passive
 Ethical
 Controlling

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

III. Medical Expertise

L. When taking the clinical history and review of system

- Thorough
 Nonchalant
 Methodical
 Disorganized
 Competent
 Dismissive
 Cannot Evaluate
 Uncertain
 Adequate
 Inappropriate
 Excellent
 Poor
 Confident

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

M. When recognizing abnormal results on a Physical Exam

- Adept
 Dismissive
 Methodical
 Unaware
 Competent
 Undiscerning
 Cannot Evaluate
 Uncertain
 Adequate
 Nonchalant
 Thorough
 Poor
 Confident

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

N. When interpreting and analyzing abnormal results on PE, Lab, or Imaging

- Adept
 Dismissive
 Methodical
 Unaware
 Competent
 Undiscerning
 Cannot Evaluate
 Uncertain
 Adequate
 Nonchalant
 Thorough
 Poor
 Logical

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

O. When prescribing and dosing of nutritional supplements

- Appropriate
 Anecdotal
 Knowledgeable
 Intuitive
 Competent
 Adamant
 Cannot Evaluate
 Baseless
 Methodical
 Overuses
 Thorough
 Inadequate
 Safe

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

P. When prescribing and dosing of naturopathic remedies

- Appropriate
 Anecdotal
 Knowledgeable
 Intuitive
 Competent
 Adamant
 Cannot Evaluate
 Baseless
 Methodical
 Overuses
 Thorough
 Inadequate
 Safe

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

Applicant Name: _____

Q. When prescribing and dosing of homeopathic remedies

- Appropriate Anecdotal Knowledgeable Intuitive Competent Adamant Cannot Evaluate
 Baseless Methodical Overuses Thorough Inadequate Safe

How would you rate this applicant in this category? (Please shade the appropriate number) ➔	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

R. When prescribing, formulating, and dosing of botanical formulas

- Appropriate Anecdotal Knowledgeable Intuitive Competent Adamant Cannot Evaluate
 Baseless Methodical Overuses Thorough Inadequate Safe

How would you rate this applicant in this category? (Please shade the appropriate number) ➔	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

S. Technique, Application, and Use of Hydrotherapy

- Appropriate Anecdotal Knowledgeable Intuitive Competent Adamant Cannot Evaluate
 Baseless Methodical Overuses Thorough Inadequate Safe

How would you rate this applicant in this category? (Please shade the appropriate number) ➔	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

T. Technique, Application, and Use of Physical Medicine

- Appropriate Anecdotal Knowledgeable Intuitive Competent Adamant Cannot Evaluate
 Baseless Methodical Overuses Thorough Inadequate Safe

How would you rate this applicant in this category? (Please shade the appropriate number) ➔	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

U. Technique, Application, and Use of Lifestyle and Diet

- Appropriate Anecdotal Knowledgeable Intuitive Competent Adamant Cannot Evaluate
 Baseless Methodical Overuses Thorough Inadequate Safe

How would you rate this applicant in this category? (Please shade the appropriate number) ➔	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

V. Incorporation of the Principles of Naturopathic Medicine – Philosophy / Treatment / Management

- Appropriate Anecdotal Knowledgeable Intuitive Competent Adamant Cannot Evaluate
 Baseless Methodical Overuses Thorough Inadequate Safe

How would you rate this applicant overall? (Please shade the appropriate number) ➔	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

IV. Additional Information

D. If not covered by the previous questions, please list the applicant's strengths AND/OR weaknesses.

E. Please add other information about this applicant that you would like us to know.

How would you rate this applicant overall? (Please shade the appropriate number) ➔	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Based on the evaluation that you have indicated above, please select the statement that best applies.

- I **WOULD NOT RECOMMEND** this candidate to your residency program.
- I would recommend this candidate to your residency program, **BUT WITH SOME RESERVATIONS.**
- I **WOULD RECOMMEND** this candidate to your residency program.
- I **WOULD HIGHLY RECOMMEND** this candidate to your residency program.

Printed Name: _____ Signature of Evaluator: _____ Date: _____

