Pediatric Cardiology Fellowship Evaluation Form

Name of Applicant _____ Date _____

Relationship to Applicant

◯ Program Director ◯ Dept/Division Chair ◯ Advisor ◯ Clinical Preceptor ◯ Research Preceptor

◯ Other _____

Compared to other residents at a similar level going on to sub-specialty training that you have supervised and have been the preceptor over the past five years, how would you rate this applicant? Please check the boxes that most closely represent your opinion of the applicant.

Skill	**Below Average (Lower 50%)**	**Average (Upper 50%)**	**Very Good (Upper 20%)**	**Outstanding (Upper 10%)**	**Superlative (Upper 5%)**	**Unable to Judge** *Comment Below*
Overall Clinical Ability	☐	☐	☐	☐	☐	☐
Interpersonal Skills	☐	☐	☐	☐	☐	☐
Intellectual Skills	☐	☐	☐	☐	☐	☐
Potential as a Clinical Cardiologist	☐	☐	☐	☐	☐	☐
Potential for Research	☐	☐	☐	☐	☐	☐
Leadership	☐	☐	☐	☐	☐	☐

Additional Comments

Click to Insert Signature (If Available) or Print and Sign

_____
Signature

_____
Name (Print)

_____
Title