St Louis Children’s Hospital at Washington University School of Medicine

Qualification Inquiry on Applicant for the Department of Pediatrics
Pediatric Pulmonology Fellowship Program

A privileged communication

Name of Applicant

Note to respondents: The above-named individual has selected you as a reference relative to his or her application to the St Louis Children’s Hospital at Washington University School of Medicine Department of Pediatrics Allergy and Pulmonary Medicine Fellowship Program. Your cooperation in completing this inquiry and returning it as soon as possible would be greatly appreciated. It will be necessary for us to reproduce this inquiry in order to be reviewed by our Fellowship Selection Committee, so we would appreciate typing your responses or writing your comments clearly.

Rate the following items by a numerical score of 1 to 5, based on the level of accomplishment that you expect of resident physicians at the applicant’s level of training.

1 Outstanding
2 Above average
3 Average
4 Below average
5 Poor
X Unknown/insufficient knowledge to judge

________ Originality
________ Accuracy
________ Research ability/potential
________ Scientific background
________ Ability to exchange ideas
________ Communication abilities
________ Perseverance in pursuing goals
________ Ability to organize data
________ Familiarity with research literature
________ Familiarity with clinical literature
________ Clinical proficiency
________ Proficiency in laboratory work, if relevant

Describe any qualifications you consider to be of special significance in judging the applicant’s fitness for an academic career in the clinical or biomedical sciences (use additional pages, if necessary).

I was associated with the applicant from ________ to ________ as ____________________________.

(advisor, program director, etc)

Your name, title, and address: ______________________________________________________
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