CONFIDENTIAL REPORT ON CANDIDATE SEEKING ADMISSION FOR PRECEPTORSHIP PROGRAM

Name of Candidate:_____Date:_____
(Last) (First) (Middle)

Section Applying To:_____

NOTE TO RESPONDENTS: You have been selected as a reference by the above named applicant who wishes to pursue a course of Postgraduate-Graduate study in the Preceptorship Program. Your cooperation in completing this inquiry and mailing to the address below will be appreciated.

GENERAL IMPRESSION	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Appearance, neatness, care with personal image				
Habits and manners				
Poise				
Speech				
Honesty				
Professional attitude				
Social attitude and ability to get along with people				

PERSONALITY: _____Excellent _____Good _____Introverted _____Other _____

MATURITY: _____Mature _____Will Mature Well _____Good _____Poor

Comment:_____

ETHICS: _____Excellent _____Recommend _____Average _____Other _____

Comment:_____

PROFESSIONAL ABILITIES	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Academic skills				
Clinical knowledge				
Clinical performance				
Patient relations				
Student relations				
Faculty relations				

MOTIVATION: _____Makes strong, independent decisions _____ Average desire and intentions

_____Casual/Adequate _____ Unusual, outside influence

Comment:_____

INDUSTRY: _____Works at capacity _____Works well, has reserve capacity

_____Average _____Satisfactory work, not always best

Comment:_____

COMMUNICATION	IMPAIRED BY SPEECH OR PHYSICAL DEFECT	POOR EXPRESSION	VERBOSE	ACCURATE APPROPRIATE
Oral				
Written				

In addition to the ratings on the reverse page, please add any special observations or comments which might be of value in considering this applicant's admission to a course of advanced study:

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I have been acquainted with this applicant for approximately _____ (yrs., mos.) in the capacity of _____.

(Teacher, Friend, Advisors, etc.

Based upon my contact and knowledge of this applicant he/she would rank _____ in the class of _____ students or be in the _____ quintile of students.

1. My recommendation is : _____Strong _____With confidence _____Without conviction

2. _____I do not recommend

Print Name:_____

Signed:_____

Position:_____

Address:_____

_____

Date:_____

Please mail directly to:
UCLA School of Dentistry
Continuing Dental Education
Box 951668, Room A0-121 CHS
Los Angeles, CA 90095-1668 USA