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**Anesthesiology Standardized Letter of Recommendation (SLOR) - AACPD**

**1. Applicant’s Name Date: XX/XX/XXXX**

**2. Applicant’s AAMC #**

**3. Reference Provided by:**

Name

Institution/Department

Position/Title

Email

Phone

**4. Has the applicant waived his/her FERPA right to view this letter of recommendation?**

**5. How long have you known the applicant?**

**6. Nature and amount of contact with the applicant (check all that apply):**

Top of Form

 Clinical rotation  Minimal contact

Bottom of Form

Top of Form

 Research  Moderate to extensive contact

Bottom of Form

Top of Form

 Specialty/Career Advisor  PD or Clerkship Director (with access to evaluation data from others)

Bottom of Form

Other (please Specify):

**7. How often do you work with medical students?**

Top of Form

 Weekly

 Monthly

 Few times a year

Bottom of Form

Top of Form

Bottom of Form

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**8. If you worked with this applicant in a clinical setting, what grade would you assign?**

 Honors (above peer level)

 High pass (at peer level)

 Satisfactory (below peer level)

 Low pass (substandard performance)

 N/A – no clinical contact with applicant

Bottom of Form

**9. How would you rate the applicant’s ability to interact with patients and health care team members (e.g., appropriate self-confidence, self-awareness, acceptance of feedback)?**

Top of Form

 Above peer level (top1/3)

Bottom of Form

Top of Form

 At peer level

Bottom of Form

Top of Form

 Below peer level but still likely to succeed as resident

Bottom of Form

Top of Form

 Substandard performance

**10. Compared with other residency candidates you have recommended, how would you rank this applicant?**

 Above peer level (top1/3)

 At peer level

 Below peer level but still likely to succeed as resident

 Substandard performance

**11. Last year, what percentage of applicants that you evaluated were rated in the following categories? [Columns must add up to 100%]**

Above peer level (top 1/3)

At peer level

Below peer level but still likely to succeed as resident

Substandard performance

**12. What is your prediction of success for this applicant in an anesthesiology residency?**

 Outstanding

 Excellent

 Good

 Poor

 Unable to assess

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**13. Written Comments**

**Please concisely summarize this applicant’s candidacy including:**

**(1) Why you think this person is well suited to a career in anesthesiology**

**(2) Areas that will require attention**

**(3) Any low rankings from this SLOR**

**(4) Any relevant noncognitive attributes such as leadership, compassion, positive attitude, professionalism, maturity, self-motivation, likelihood to go above and beyond, altruism, recognition of limits, conscientiousness, etc.**

[SIGNATURE LINE HERE]