

Southwest College of Naturopathic Medicine



**2006 – 2007
First Year
Residency
Application**

Southwest College of Naturopathic Medicine

2006-2007 Residency Application



**Welcome to the Clinical Residency Application process.
We welcome the opportunity to review your application.**

YOU ARE ADVISED TO READ THIS PAGE THOROUGHLY.

Qualifications:

To qualify as an applicant for the Southwest College of Naturopathic Medicine Residency Program 2006-2007, you must graduate with a Naturopathic Doctor degree prior to September 1, 2006 from a college or university that has been accredited or has been granted accreditation status by the Council for Naturopathic Medical Education or its equivalent. All applicants must have passed board exams required for licensure in the State of Arizona, as well as the “Add-On Examinations” of Homeopathy, Acupuncture, and Minor Surgery on or prior to the summer of 2006. Failure to pass all board examinations, including the “Add-On Examinations” of Homeopathy, Acupuncture, and Minor Surgery as well as those required for licensure will effectively disqualify candidates from consideration for this program and will nullify any offers made prior to receipt of examination results.

Application Instructions:

This is a candidate-managed application process. This means that you are responsible for collating all required elements of the application and submitting the completed application packets and supporting documents prior to the deadline. All official transcripts and letters of recommendation must be included with your application.

Please enclose a non-refundable application fee of \$75 made payable to Southwest Naturopathic Medical Center. In addition, please enclose a resume or curriculum vitae.

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.

The letters of recommendation must be included with your application and must be submitted in their original, unopened, sealed envelopes with the evaluator’s signature across the envelope seal. The letters of recommendation will be kept confidential and are solely for the use of the Selection Committee.

It is your sole responsibility, during all phases of the application process, to be aware of deadlines and ensure that all forms, documentation and other required elements of the application are submitted to Carolyn Paige, Administrative Assistant, at Southwest Naturopathic Medical Center on time. Incomplete packets will not be considered. The Selection Committee will not review documents and information other than those required on the Residency Application checklist.

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Completed applications and all supporting documents must be received by Southwest Naturopathic Medical Center on or before 5:00 p.m. (MST) on January 20, 2006. Incomplete applications will be terminated after 5:00 p.m. on the deadline. Late applications will be considered only if space is available. It is your sole responsibility, during all phases of the application process, to be aware of deadlines and ensure that all forms, documentation and other required elements of the application are submitted to the Selection Committee on time. **Failure to follow all directions and fill out forms completely may result in immediate and permanent termination of your application.**

TIMELINE FOR RESIDENCY SELECTION PROCESS

Deadline for application is January 20, 2006. The following is a projected calendar overview of the resident selection process.

Date	
January 20, 2006	Application Deadline
February 13, 2006	Letters of Invitation mailed
February 27, 2006	Interview Process begins
March 31, 2006	Interview Process ends
April 14, 2006	Outcome letters mailed
May 5, 2006	Signed statement of intent deadline
October/November, 2006	Official Start Date to be announced

Applicants must have their license to practice naturopathic medicine in the State of Arizona by their official start date or they will automatically be disqualified.

Residency Applications should be returned to:
 Carolyn Paige
 Administrative Assistant to Dr. Christine L. Girard
 Southwest Naturopathic Medical Center
 8010 E. McDowell Rd.
 Ste. 111
 Scottsdale, AZ 85257
 (480) 222-9827
 c.paige@scnm.edu

It is strongly recommended that you make a copy of your application for your records prior to submitting to the Selection Committee.

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CHECKLIST FOR APPLICATION PACKET:

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

- \$75.00 non-refundable application fee payable to Southwest Naturopathic Medical Center
- Resume or curriculum vitae
- Application form (personal data, list of references, interview schedule preferences, signed releases)
- 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.
- Applicants graduating from institutions other than SCNM should provide a release of records document appropriate to that institution's requirements. Applicants graduating from SCNM should sign the release of records clause found on page 6.
- Two (2) letters of recommendation.
 - One (1) must be from a medical professional you have worked with at a facility other than your college or university Medical Center (preceptor, extended or off-site)
 - One (1) must be a faculty member of your naturopathic school
- All references are kept confidential and will be destroyed at the discretion of the SCNM Human Resources Department at the conclusion of the selection cycle. Letters of recommendation must arrive in their original sealed envelopes with the evaluator's signature across the envelope seal. Submitted references which do not meet these requirements will be considered invalid.
- A complete, concise, 1 page (10 font typed, single sided) personal statement of purpose indicating your reasons for applying to the Residency Program. Type your name and social security number in the upper right hand corner of the page.
- A complete, concise, 1 page (10 font typed, single sided) essay addressing the situation listed on page 7. Type your name and social security number in the upper right hand corner of the page.

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PERSONAL DATA:

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

My degree is from:

- Bastyr University
- Boucher Institute
- Bridgeport College of Naturopathic Medicine
- Canadian College of Naturopathic Medicine
- National College of Naturopathic Medicine
- Southwest College of Naturopathic Medicine

Legal Name

Last

First

Middle Initial

Address

Street Address

City

State

Zip

Country

Use address until _____

Email _____

Daytime phone _____

Cell / Evening phone _____

(circle one)

Date of Birth _____

Social Security Number _____

Citizenship US US permanent resident Other _____

Permanent Address (if different from address above)

Street Address

City or Town

State

Zip

Country

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1. Have you ever been arrested, charged with, convicted of, or entered into a plea of no contest to a felony or a misdemeanor? Yes No
2. Have you ever had a license/certificate, including a driver's license, suspended or revoked by any agency? Yes No
3. Have you ever been disciplined by any agency for an act of unprofessional conduct as defined in Arizona Revised Statutes, Section 32-1501? Yes No
4. In lieu of disciplinary action by an agency, have you ever entered a consent agreement or stipulation with a licensing agency? Yes No
5. Do you have a complaint pending before any agency? Yes No
6. Have you ever been found guilty of being medically incompetent? Yes No
7. Have you ever been a defendant in any malpractice matter that resulted in a settlement or judgment? Yes No
8. Do you have any medical condition that in any way impairs or limits your ability to practice medicine? Yes No

*An applicant is required to submit a written supplement to this application if the answer is Yes to any of the above questions.

**The fact that a conviction and/or criminal offense has been pardoned, expunged or dismissed, or that your civil rights have been restored does not mean that you can answer "No" to questions 1 through 8.

LIST OF REFERENCES:

Please list the names of the individuals whom you have chosen to complete the letters of recommendation.

Clinical Faculty Member	Clinical Faculty Member or Non-faculty Medical Professional
Name	Name
Credentials	Credentials
Address	Address
City, State, Zip	City, State, Zip
Phone Number	Phone Number

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ACADEMIC RECORDS RELEASE:

By signing below, I give my express permission to the Selection Committee and individuals designated by the committee to access all components of my SCNM institutional record. **Applicants graduating from institutions other than SCNM should provide a release of records document appropriate to that institution's requirements.**

Signature

Date

INTERVIEW SCHEDULE PREFERENCES

If selected as a Residency candidate, you will be called to schedule an interview. Please indicate dates/time of day that you will be available to interview between February 27 and March 31.

- Weekdays _____
- Mornings _____
- Afternoons _____
- Evenings _____
- Weekends ___ March 4-5 ___ March 11-12 ___ March 18-19 ___ March 25-26

FOR ALL APPLICANTS – VERIFICATION OF APPLICATION AUTHENTICITY & INTEGRITY:

By signing below, I certify that all information contained in this application is factually correct and honestly presented, and that I have read and understand all provision outlined in this application and supporting documents. I understand that any false information presented in this application or any part of the application process may result in the rejection of my application, dismissal from any position held with SCNM, and revocation of any degrees, certificates etc. awarded by SCNM. Furthermore, my signature is evidence of my agreement with all parts, provisions, protocol and regulations as indicated in this application and supporting documents.

Signature

Date

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ESSAY SECTION:

Two essays are required as part of your residency application:

1. A complete, concise, 1 page (10 font typed, single sided) personal statement of purpose indicating your reasons for applying to the Residency Program. Type your name and social security number in the upper right hand corner of the page.
2. A complete, concise, 1 page (10 font typed, single sided) essay addressing the following situation. Type your name and social security number in the upper right hand corner of the page.

FIRST YEAR RESIDENCY ESSAY QUESTION:

You are a supervising physician on a shift and you enter an exam room where a student clinician is discussing treatment options with a patient. You had not previously discussed any treatment for this patient with the student. It is apparent that the student is providing inaccurate information that may be harmful to the patient. Please describe how you would address this situation.

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JOB DESCRIPTION – FIRST YEAR RESIDENT

TITLE: First Year Resident
FLSA Status: Exempt
EFFECTIVE DATE: 25 October 2005
LOCATION: SCNM: 2140 East Broadway Road, Tempe AZ 85282
SNMC: 8010 East McDowell Road, Suite 111, Scottsdale AZ 85257
SUPERVISOR: Residency Director and/or his/her delegates
SUPERVISES: Students

FULL-TIME EQUIVALENCY: 1.0 FTE requiring a minimum of 40 hours per week

QUALIFICATIONS:

1. One of the following:
 - a. Graduate of a naturopathic medical college or program that is accredited by or has candidate status with the CNME.
 - b. A Doctor of Naturopathic medicine that has a full and unrestricted license to practice naturopathic medicine in a U.S. licensing jurisdiction.
2. Licensed in Arizona as a naturopathic physician.
3. Maintain active membership in Arizona Naturopathic Medical Association (AzNMA)
4. Maintain active membership in American Association of Naturopathic Physicians (AANP)
5. Maintain CME as required by Naturopathic Physicians Board of Medical Examiners (NPBOMEX)
6. Good entry level skills in naturopathic diagnosis and therapeutics.
7. Desire to contribute to the educational program at SCNM and SNMC.
8. Additional desired qualifications include demonstrated teaching ability, leadership skills, aptitude for research, and demonstrated ability to work well in diverse groups.
9. Physical Requirements:
 - a. Ability to perform light to heavy work which includes lifting and positioning of patients
 - b. For patients weighing greater than 50 pounds, it is expected that the resident will request assistance from a co-worker for lifting or transferring the patient.
 - c. Ability to stand/walk 8-12 hours per day.
 - d. Ability to frequently bend, twist, reach, stoop, kneel and squat.
 - e. Good visual acuity is required for computer work and patient assessments, treatments, and evaluation of care.
 - f. Good hearing is required for accurate patient assessment.
 - g. Employees within this job classification will have exposure to bloodborne pathogens or other potentially infectious material and/or hazardous chemicals/waste.

DUTIES AND RESPONSIBILITIES:

1. Comply with all policies and procedures of Southwest College of Naturopathic Medicine (SCNM) and the Southwest Naturopathic Medical Center (SNMC).
2. Provide direct patient care on student and/or private rotations each quarter at SNMC.

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3. Seek consultation with a clinical faculty member as appropriate after each patient visit on a student rotation concerning history, clinical findings, treatment protocols, and follow-up.
4. Refer patients appropriately to other healthcare professionals as necessary, always protecting the best interests of the patient.
5. Maintain current CPR certification, and any other training deemed necessary by the Residency Director.
6. Know and follow all OSHA guidelines for infection control and safety in the workplace consistently and be currently certified in OSHA standards.
7. Maintain current HIPAA training. Maintain confidentiality of patient records and information at all times.
8. Act as on-call physician for SNMC by carrying the emergency pager on a rotating basis as assigned by the Residency Director.
9. Intern with assigned community clinics.
10. Supervise specialty clinics at SNMC and extended site/off-site clinics, including: Saturday Women's Wellness clinics at SNMC, Male Wellness Exams at SNMC, Clinic Entry Exams at SNMC, Women's Wellness Clinic at Mission of Mercy, Pediatric Clinic at Hamilton Elementary School, etc.
11. Attend off-site rotations in emergency medicine, dermatology, rheumatology, oncology, internal medicine and gynecology at private medical practices or in the community health setting as facilitated by Residency Director.
12. Provide coverage as needed for clinical supervisors when absent or unable to supervise their clinical rotations at SNMC.
13. Rotate with on-site Clinical Faculty members during their private rotations, further enhancing the educational experience and the mentoring relationship.
14. Participate in Grand Rounds, Journal Club, etc. at SNMC and SCNM with the other interns, students, and clinical faculty members.
15. Act as instructors/Teaching Assistants for Physical Diagnosis and other labs at SCNM under the supervision of the Faculty member(s).
16. Attend/supervise marketing events to promote SCNM/SNMC as scheduled (e.g., health fairs, open houses, expos, etc.)
17. Participate in at least one committee at SCNM or SNMC.
18. Exercise professional standards of dress and conduct while performing the responsibilities of resident
19. Other duties as assigned.

JOB CATEGORIES:

Conduct:

Method Rating

1. Pleasant, professional demeanor and appearance		
2. Represents SCNM/SNMC and the naturopathic profession in a professional manner.		
3. Promotes the SCNM/SNMC image and philosophy		
4. An attitude of respect for self and others		

Leadership/Accountability:

Method Rating

1. Understanding of organization's mission, policies, procedures, and services in order to respond to consumers' questions or concerns		
2. Provides expertise on patient needs and expectations		
3. Participates in appropriate community, state, and national professional organizations		
4. Promotes confidentiality, respect, and dignity for all persons as standards for department and organization		
5. Refers patients to appropriate services and resources		

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6. Performs other tasks as indicated or appropriate		
Interpersonal:	Method	Rating
1. Adherence to the concept of privilege and confidentiality in communicating with patients and a commitment to the patient's welfare are essential attributes for functioning effectively within the structure of our team.		
2. Maintains patient privacy during physical exams		
3. Demonstrates the concern and responsiveness of the clinic in meeting the needs of patients by discussing with them questions or problems about the services provided, by determining an appropriate course of action to provide optimum care, and by following through on patient requests or complaints.		
4. Assist in interpreting laboratory data for possible treatment and completing follow-through (faxes from hospitals/clinics).		
5. Patient education is performed at a level of understanding that is individualized to meet the patients learning needs.		
Development/Training:	Method	Rating
1. Participates in development and attainment of medical center goals		
2. Continues professional growth and development by fulfilling continuing education requirements and identifying educational needs		
3. Participates in staff/committee meetings		
4. Participates in the orientation of new clinic personnel		
5. Participates in performance improvement		
Know How/Decision Making:	Method	Rating
1. Demonstrates adequate knowledge, skills and abilities regarding Naturopathic assessment and treatment of patients, including history taking, physical examination, laboratory analysis, imaging, differential diagnosis, the use of naturopathic modalities.		
2. Formulates Naturopathic care plans and monitors/evaluates effectiveness.		
3. Appropriately documents all Naturopathic care information in patient medical records.		
4. SOAP Note/dictation is accurate and complete including chief complaint, past medical history, and finding obtained during physical exam.		
5. Regularly attends Resident Conference, rotations, Journal Club, Grand Rounds, and other meetings as deemed necessary by the Residency Director.		
6. Promotes and maintains a positive relationship with the Medical Center Staff.		
7. Counsels and educates patients and their families on Naturopathic medicine.		
8. Provides education on Naturopathic management to physicians, nurses, paraprofessionals and the community.		
9. Satisfactorily completes learning objectives for the training rotations in the different medical specialties and departments within the hospital.		
Customer Service/Quality:	Method	Rating
1. Verbalizes the mission of the organization and consistently incorporates it into daily activities.		
2. Advocates patient rights as defined in "Bill of Rights" through day-to-day job activities.		
3. Responds to internal and external customer needs in a timely manner. Timely completion of all medical records, in accordance with Medical Staff		

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Bylaws, Rules and Regulations.		
4. Steps outside bounds of normal job duties to identify and resolve customer concerns.		
5. At all times conveys professionalism, courtesy and respect for others in manner and appearance.		
6. Demonstrates proper telephone etiquette in answering, transferring, returning calls and relaying messages.		
7. Promotes self learning through attendance at department meetings, inservices, etc. and incorporates new knowledge into job performance.		

Age Specific Competency:

Method Rating

1. Demonstrates the minimum knowledge, skills and abilities for the age specific population served as evidenced by training, competency assessment and testing.		
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Safety / Infection Control:

Method Rating

1. During the fire alarm activation, demonstrates department response to fire including: fire alarm pull stations, emergency exits, fire extinguisher location evacuation procedures, fire drill procedures, and smoking policy.		
2. Explains departmental response to: Code Blue, Code Black, Code Green.		
3. Names the location of the MSDS(s) in the department.		
4. Describes the departmental procedures to be followed during the following utility failures: electrical, water, medical gas (oxygen, nitrous oxide if applicable), and telephone.		
5. Demonstrates effective hand washing		
6. Explains how Tuberculosis is transmitted		
7. Explains how waste disposal is managed in the department for: Infectious waste, Linen, and Sharps.		

COMPENSATION AND BENEFITS:

1. Base salary of \$32,000 for 2006-2007
2. One private shift per week at the approval of the Residency Director.
3. Professional Liability Insurance Coverage Benefit
4. Vacation Benefit
5. Sick time Benefit
6. Holiday Benefit
7. Education days
8. Tuition Benefit (Discounted or Tuition-free access to SCNM-sponsored CME programs and classes at SCNM when possible).
9. Successful completion of the residency program requirements is acknowledged with the award of a Certificate of Completion.

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LETTERS OF RECOMMENDATION

TO THE APPLICANT:

Please complete this section and give it to the person who has agreed to serve as your reference and complete a letter of recommendation. Letters of Recommendation must be submitted by **January 20, 2006** in their unopened, original, sealed envelopes, and must have the signature of your reference across the seal. It is your sole responsibility, during all phases of the application process, to be appraised of deadlines and ensure that all necessary forms, documentation and other required elements of the application are submitted to Carolyn Paige, Administrative Assistant, on time. **Incomplete packets will not be considered.**

By signing below, you waive the right to view your letters of recommendation. 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 that this is a confidential letter of recommendation. I understand that neither this form nor any related submissions will be made available to anyone outside of SCNM unless required by legal action.

Applicant's Legal Signature _____	Date _____
Applicant's Legal Name _____	SSN _____
Applicant's Address _____	DOB _____
City/State/Zip _____	Phone _____

TO THE REFERENCE:

The person named above is applying to Southwest College of Naturopathic Medicine / Medical Center for a clinical residency position. The applicant requested your letter of recommendation to be included as part of the information on which the Selection Committee will base their decision. Please respond frankly to the questions and issues listed on the following page and feel free to include any additional pertinent comments. These records will be destroyed after the selection process, and the applicant will not be allowed to review your submission unless otherwise required by legal action. Recommendations are a critical component in a candidate's application. **Please return this form with your letter of recommendation to the applicant in the original envelope, sealed and signed across the seal.**

Due to the sensitive nature of recommendations, and our request for your honest assessment of this individual, candidates have been notified that any indication of a breach of the confidential nature of this form will result in immediate and permanent termination of their Residency Application.

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 _____	Phone _____

Check one:

Clinical Faculty Member
 Extended Site / Non-faculty Medical Professional
 Other

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- How long have you known the applicant and what is the nature of your relationship?
- Please describe their level of responsibility and professional integrity.
- How does this applicant function within a group? Individually? As a leader?
- Describe a stressful situation you know this applicant has experienced and explain how they responded.
- What are the applicant's strengths and weaknesses as a physician?
- How do you believe this applicant would contribute to our residency program?
- Anything else you feel we should know about this applicant.

PLEASE NOTE:

On behalf of the applicant, the Residency 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 a phone number where you may be reached.

Phone Number: _____

Type:

- Work Phone
- Home Phone
- Cellular Phone
- Pager
- Other: _____

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Clinical Faculty Member
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Phone Number: _____

Type:

- Work Phone
- Home Phone
- Cellular Phone
- Pager
- Other: _____