

RESIDENCY APPLICANT RATING FORM

Applicant's Name: \_\_\_\_\_

Date Interviewed: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Medical School & Year of Graduation: \_\_\_\_\_

**Interest in Psychiatry:** What experiences or factors in this applicant's background provide evidence of a genuine interest in pursuing a career in psychiatry?

**Intelligence:** What is your estimate of this applicant's intellectual capacity?

**Capacity for Independent Work:** What is your estimate of this candidate's capacity to work independently? What evidence in the applicant's background supports this?

**Career Interests:** Does the candidate have specific career interests (research v. clinical or a particular subspecialty)?

**Communication/Language Skills:** How sophisticated is the applicant in the use of English to communicate his/her ideas?

**Miscellaneous Factors:** Please state any other factors (maturity, life experience, etc.) that make this applicant desirable or undesirable as a trainee in this program.

Please circle the letter that indicates your overall rating of this candidate's potential for training in this program:

A            B            C            D