NEUROLOGICAL SURGERY RESIDENCY RECOMMENDATION FORM (FILLABLE FORM)

Applicant Name:_____ AAMC Number:_____

Home Institution:_____

As recommended by the NRMP, letter of recommendation templates can assist to improve the quality, granularity, and consistency of applicant evaluations.

Reference Provided By:_____ Reference Writer's Institution:_____

Title:_____Specialty:_____

Local Leadership position (if applicable):_____

Telephone Number:_____ Email address:_____

Compared to neurosurgery applicants your program evaluated in the last Match, please rate this applicant. Please note this curve pertains only to neurosurgery applicants; most applicants should fall in the 11-50% range. 6-10% is outstanding and 2-5% is exceptional. Top 1% is rarely used.

	Top 1%	2-5%	6-10%	11-25%	26-50%	51-100%	N/A
Patient Care: Ability to do the neurological exam, develop and justify an appropriate differential diagnosis and treatment plan, and work with patients, families and other teams to provide care							
Medical knowledge: Level of general medical and neurosurgical knowledge:	•	•	•	•	•	•	•
Procedural and Technical Skill: Surgical intuition, ability to learn new techniques, ability to help cases more forward:	•	•	•	•	•	•	•
Research: Ability to identify a question, engage the literature, execute a research plan, research work ethic, problem-solving abilities, and communicate results:	•	•	•	•	•	•	•
Initiative and Drive: Self-directed, Ability to identify a need and see tasks to completion:	•	•	•	•	•	•	•
Professionalism and Communication: Maturity, assumes responsibility, attention to requirements, team player:	•	•	•	•	•	•	•
Coachability: Responds to correction immediately with insight, subsequently performs task correctly, resilient:	•	•	•	•	•	•	•

Overall Assessment

How would you assess the applicant compared to neurosurgery applicants your program evaluated in the last Match?

Top 1%	2-5%	6-10%	11-25%	26-50%	51-100%	N/A
•	•	•	•	•	•	•
**	**					

**SPECIFIC EXAMPLES OR RATIONALE REQUESTED IN THE NARRATIVE FOR APPLICANTS MERITING A CHECK BOX IN THE TOP 1% OR 2-5%.

Narrative Information

Please add resident comments from the applicant's rotation:

Please summarize your experience with the applicant, including length and degree of interaction, and define unique qualities that benefit or detract from the applicant's potential to excel in neurosurgical training (no limit, if more room is needed, please add an additional sheet):