

Ophthalmology Residency Standardized Letter of Reference

Background

The AUPO has approved a three-year pilot project to evaluate the use of a standardized letter of reference.

Letter writers have the option to complete this Standardized Letter of Reference for students/graduates applying to the PGY-2 Ophthalmology Residency Match as an alternative to providing a formal reference letter.

Instructions:

Complete print and sign the form.

Next determine delivery method:

Option 1: Scan the completed form in .pdf format and upload it directly into the applicant's account using the secured link provided on the email request you received from Notifications@sfmatch.org. If you did not receive the email, check your spam inbox or contact the applicant to resend the request.

Option 2: Place this completed and signed form in a sealed envelope, sign across the seal and give it to the applicant so s/he can mail this Standard Letter of Reference to SF Match's Central Application Service office:

SF Match/CAS
655 Beach Street
San Francisco, CA 94109

This form can be found in editable .pdf format at:

http://www.sfmatch.org/PDFFilesDisplay/OPHTHR_StandardizedLOR.pdf

Please contact SF Match if you have questions/comments.

Sincerely,

SF Match
Phone: 415-447-0350
Fax: 415-561-8535
Email: help@sfmatch.org

OPHTHALMOLOGY STANDARDIZED LETTER OF EVALUATION

Applicant's Name:

Medical School:

SF Match ID:

Your Name:

Your Signature: _____

Your Email:

Your Telephone Number:

This applicant waived his/her right to view this standardized letter.

Yes No

1. Compared to other candidates you have worked with in your career, this candidate is in the:
Top 1% Top 5% Top 10% Top 20% Top 50% Other: _____
2. Your Present Position (choose one):
 - Ophthalmology Department Chair
 - Ophthalmology Program Director
 - Ophthalmology Assistant Program Director
 - Ophthalmology Faculty
 - Non- ophthalmology Faculty (Specialty: _____)
 - Private Practice Physician
3. How long have you known the applicant? _____ years.
4. Nature of contact with the applicant:
 - Know indirectly through others/evaluations
 - Contact in Clinic and/or Operating Room
 - Contact through research projects
5. Estimate how many days you spent with the applicant: _____ days.
6. What was the applicant's grade in Ophthalmology on your service?
 - Honors
 - Pass
 - Fail
 - N/A
 - Other: _____

7. Compare the applicant to other applicants for each statement:

Commitment to ophthalmology and passion/enthusiasm for the field.	Top (Top 1/10)	Above Peers (Top 1/3)	At Level of (Middle 1/3)	Below Peers (Lower 1/3)	Cannot Assess

Work ethic, willingness to assume responsibility.	Top (Top 1/10)	Above Peers (Top 1/3)	At Level of (Middle 1/3)	Below Peers (Lower 1/3)	Cannot Assess

Grasp of ophthalmologic exam skills and findings.	Top (Top 1/10)	Above Peers (Top 1/3)	At Level of (Middle 1/3)	Below Peers (Lower 1/3)	Cannot Assess

Level of curiosity and asking appropriate questions.	Top (Top 1/10)	Above Peers (Top 1/3)	At Level of (Middle 1/3)	Below Peers (Lower 1/3)	Cannot Assess

Works well with peers and coworkers.	Top (Top 1/10)	Above Peers (Top 1/3)	At Level of (Middle 1/3)	Below Peers (Lower 1/3)	Cannot Assess

Ability to communicate a caring nature to patients.	Top (Top 1/10)	Above Peers (Top 1/3)	At Level of (Middle 1/3)	Below Peers (Lower 1/3)	Cannot Assess

How highly would you estimate the candidate will reside on your institution's rank list?	Top (Top 1/10)	Above Peers (Top 1/3)	At Level of (Middle 1/3)	Below Peers (Lower 1/3)	Cannot Assess

Please indicate applicant's greatest strength and include any additional comments in space below (200 word limit)

Empty response box for applicant's greatest strength and additional comments.