UNIVERSITY OF ARKANSAS AT LITTLE ROCK

Pre-Health Professional Evaluation Form

UA Little Rock Pre-Health Professional Advisory Committee

Section A. To be completed by the applicant

Applicant name _____ **Please return by** _____

Applying to (check all)

☐ Medical (MD) ☐ Osteopathic (DO) ☐ Dental ☐ Physician Assistant

☐ Pharmacy ☐ Optometry ☐ Veterinary ☐ Physical / Occupational Therapy

Evaluator name _____ **Other:** _____

Course(s) taken with evaluator, if any	**Semester / year**

Confidentiality (check one). Under the Family Educational Rights and Privacy Act (FERPA), you may waive or keep your right to see this evaluation. Admissions committees give more weight to confidential evaluations.

☐ I **waive** my right to see this evaluation. It will be kept confidential.

☐ I **retain** my right to see this evaluation.

Applicant signature (typed) _____ **Date** _____

To the evaluator. Thank you for evaluating this student. Your candid, specific comments are the most valuable part of this form for medical and health professional schools. The form has two parts: written comments (Part I) and a rating checklist (Part II). If you cannot evaluate this applicant, check the box at the end and return the form. **Please return the form yourself, from your work email, as described at the end; applicants may not submit it for you.**

Section B. Evaluator information

Name _____ **Title / position** _____

Department or organization _____ **Work email** _____

Phone _____ **Known the applicant for** _____

Relationship (check all)

☐ Course instructor ☐ Research mentor ☐ Physician / clinician shadowed

☐ Work or volunteer supervisor ☐ Academic advisor ☐ _____

Check the last box and describe any other relationship in the field.

Part I. Written evaluation

Please comment, as fully as you can, on the areas below. Specific examples are the most helpful. You may follow these points or write in your own way.

- Length and nature of your relationship
- Intellectual ability and scientific reasoning
- Oral and written communication
- Resilience, maturity and adaptability
- Judgment, reliability, integrity and ethics
- Empathy, interpersonal skills and teamwork
- Self-awareness and respect for others
- Motivation and readiness for a demanding program

You may instead attach a signed letter on letterhead; if you do, please still complete Part II.

Part II. Ratings

Compare the applicant with **all students you have known**, not only pre-health students. 5 is the highest rating; choose NBJ if you have no basis for judgment. The ten factors group all 17 AAMC premed competencies (shown in italics), which medical schools use in admissions.

Factor	5 VHR	4 HR	3 R	2 RWR	1 NR	NBJ
Motivation and service orientation *Service Orientation*	☐	☐	☐	☐	☐	☐
Intellectual ability and scientific reasoning *Critical Thinking; Quantitative Reasoning; Scientific Inquiry; Living Systems; Human Behavior*	☐	☐	☐	☐	☐	☐
Communication *Oral Communication; Written Communication*	☐	☐	☐	☐	☐	☐
Empathy and interpersonal skills *Empathy and Compassion; Interpersonal Skills*	☐	☐	☐	☐	☐	☐
Self-awareness and understanding others *Self-Awareness; Understanding Others*	☐	☐	☐	☐	☐	☐
Ethics, judgment and integrity *Ethical Responsibility to Self and Others*	☐	☐	☐	☐	☐	☐
Reliability and dependability *Reliability and Dependability*	☐	☐	☐	☐	☐	☐
Resilience and adaptability *Resilience and Adaptability*	☐	☐	☐	☐	☐	☐
Teamwork and collaboration *Teamwork and Collaboration*	☐	☐	☐	☐	☐	☐
Commitment to learning and growth *Commitment to Learning and Growth*	☐	☐	☐	☐	☐	☐

Overall evaluation (choose one)

- ☐ **Very highly recommended:** outstanding; among the top 5% of students I have known
- ☐ **Highly recommended:** excellent; top 10%
- ☐ **Recommended:** very good; top 25%
- ☐ **Recommended with reservation:** good, with some concerns; top 50%
- ☐ **Not recommended:** I have significant concerns about this applicant

Evaluator signature (typed) _____ **Date** _____

☐ I am unable to evaluate this applicant.

How to return this form. Save the completed form and email it **from your work or institutional email** to Dr. Anindya Ghosh (axghosh@ualr.edu) and Dr. Erin Flowers (eeflowers@ualr.edu). You may also return it to EIT Room 628 or mail it to: Pre-Health Professional Advisory Committee, Dean's Office, Donaghey College of STEM, UA Little Rock, 2801 South University Avenue, EIT 628, Little Rock, AR 72204. Thank you for supporting our students.