1. Applicant's Name	
2. Applicant's AAMC #	
3. Reference provided by:	
Name	
Institution/Department	
Position/Title	
Email	
Phone	
4. Has the applicant waived his/h	ner FERPA right to view this letter of recommendation?
O Yes	○ No
. 30	
	annlicant?
5. How long have you known the	applicant?
5. How long have you known the	
5. How long have you known the 6. Nature and amount of contact	with the applicant (check all that apply):
5. How long have you known the 6. Nature and amount of contact Clinical rotation	with the applicant (check all that apply):
5. How long have you known the 6. Nature and amount of contact Clinical rotation Research	with the applicant (check all that apply): Minimal contact Moderate to extensive contact
5. How long have you known the 6. Nature and amount of contact Clinical rotation	with the applicant (check all that apply): Minimal contact Moderate to extensive contact PD or Clerkship Director (with access to evaluation
5. How long have you known the 6. Nature and amount of contact Clinical rotation Research Specialty/Career Advisor	with the applicant (check all that apply): Minimal contact Moderate to extensive contact
5. How long have you known the 6. Nature and amount of contact Clinical rotation Research	with the applicant (check all that apply): Minimal contact Moderate to extensive contact PD or Clerkship Director (with access to evaluation
5. How long have you known the 6. Nature and amount of contact Clinical rotation Research Specialty/Career Advisor Other (please specify)	with the applicant (check all that apply): Minimal contact Moderate to extensive contact PD or Clerkship Director (with access to evaluation data from others)
5. How long have you known the 6. Nature and amount of contact Clinical rotation Research Specialty/Career Advisor Other (please specify) 7. How often do you work with meaning the second of the	with the applicant (check all that apply): Minimal contact Moderate to extensive contact PD or Clerkship Director (with access to evaluation data from others)
5. How long have you known the 6. Nature and amount of contact Clinical rotation Research Specialty/Career Advisor Other (please specify) 7. How often do you work with many weekly	with the applicant (check all that apply): Minimal contact Moderate to extensive contact PD or Clerkship Director (with access to evaluation data from others)
5. How long have you known the 6. Nature and amount of contact Clinical rotation Research Specialty/Career Advisor Other (please specify) 7. How often do you work with many weekly Monthly	with the applicant (check all that apply): Minimal contact Moderate to extensive contact PD or Clerkship Director (with access to evaluation data from others)
5. How long have you known the 6. Nature and amount of contact Clinical rotation Research Specialty/Career Advisor Other (please specify) 7. How often do you work with many weekly	with the applicant (check all that apply): Minimal contact Moderate to extensive contact PD or Clerkship Director (with access to evaluation data from others)
5. How long have you known the 6. Nature and amount of contact Clinical rotation Research Specialty/Career Advisor Other (please specify) 7. How often do you work with many weekly Monthly	with the applicant (check all that apply): Minimal contact Moderate to extensive contact PD or Clerkship Director (with access to evaluation data from others)

Anesthesiology Standardized Letter of Recommendation (SLOR) - AACPD

8. I	f you worked with this applicant in a clinical setting, what grade would you assign?
0	Honors (above peer level)
0	High pass (at peer level)
0	Satisfactory (below peer level)
0	Low pass (substandard performance)
0	N/A - no clinical contact with applicant
	low would you rate the applicant's ability to interact with patients and health care team mbers (e.g., appropriate self-confidence, self-awareness, acceptance of feedback)?
0	Above peer level (top 1/3)
0	At peer level
0	Below peer level but still likely to succeed as resident
0	Substandard performance
	Compared with other residency candidates you have recommended, how would you k this applicant?
0	Above peer level (top 1/3)
0	At peer level
0	Below peer level but still likely to succeed as resident
0	Substandard performance
	Last year, what percentage of applicants that you evaluated were rated in the following egories? [Columns must add up to 100%]
Abo	ve peer level (top 1/3)
At p	eer level
	ow peer level but still likely to succeed as resident
	standard performance
12.	What is your prediction of success for this applicant in an anesthesiology residency?
0	Outstanding
0	Excellent
0	Good
0	Poor
0	Unable to assess

Anesthesiology Standardized Letter of Recommendation (SLOR) - AACPD

 13. Written Comments (please limit your response to 250 words or less) Please concisely summarize this applicant's candidacy including: (1) Why you think this person is well suited to a career in anesthesiology (2) Areas that will require attention (3) Any low rankings from this SLOR (4) Any relevant noncognitive attributes such as leadership, compassion, positive attitude, professionalism, maturity, self-motivation, likelihood to go above and beyond, altruism, recognition of limits, conscientiousness, etc. 			
	V		