

Primary Care Exposure Activity

University of North Carolina at Pembroke
 Health Careers Opportunity Program
 Pembroke, NC 28372
 Ph: 910.521.6590 Fax: 910.521.6496

Applicant Evaluation and Recommendation

(Please type or print in ink)

To be completed by applicant		
Last Name	First Name	Middle Name
Degree	Major	Minor (if applicable)
*Waiver: I hereby waive my right to review this document as provided in the Family Educational Rights and Privacy Act of 1974.		
_____ Signature	_____ Social Security Number	_____ Date
*Note: The applicant has the right to review this document upon written request under the Family Educational Rights and Privacy Act of 1974, unless he/she waives in writing, his/her right to review this document.		

Evaluator's Comments:

The above named applicant has suggested that you can assist us in assessing his/her qualifications for participation in a Primary Care Exposure Activity. We desire to obtain your candid opinion of the applicant's intellectual and personal capabilities. The Health Careers Opportunity Program is in compliance with Section 504 of the Rehabilitation Act of 1973 and does not discriminate on individuals with disabilities in admission to its programs. You are asked not to refer directly or indirectly to an applicant's disability.

Please complete the ranking scale below:

- (5) = Exceptionally High (3) = Average (1) = Poor
 (4) = Above Average (2) = Below Average (0) = No basis for evaluation

Personality Traits	5	4	3	2	1	0
1. Personal integrity						
2. Social and emotional						
3. Ability to work with others						
Peers						
Administrators						
4. Promise of professional growth						
5. Leadership qualities						
6. Community involvement						
7. Communication Skills						
Oral						
Writing						
8. Scholastic aptitude						
9. Perseverance toward goal attainment						

How long have you known the applicant and in what capacity?

Indicate strength of overall endorsement by checking the appropriate box:

- Not Recommended Recommend with Reservation Recommended Highly Recommended

(over)

Please summarize your opinion of the applicant with regard to (a) potential for independent work and study, (b) those aspects of personality and character, which are significant for a professional/graduate student, and (c) any other factors that bear on the applicant's ability to attain a health profession/professional career and fulfill his or her career objectives.

Signature _____

Name (Please Print) _____ Phone#: _____

Title _____ Date _____

Address _____

Please return the completed form to: UNCP Health Careers Opportunity Program, Attn: Primary Care Exposure Activity, PO Box 1510, Pembroke, N.C. 28372. Thank you for your assistance.