**Kazan State Medical University**

**Residency Program REFERENCE FORM**[[1]](#footnote-1)

To be prefilled by the Applicant

Applicant Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applying for (select one) ☐Internal Medicine Residency ☐Neurology Residency ☐NEW Pediatrics

☐Observership

***Information for Reference Writers***

Your reference letter for this Applicant is an important criterion in Admission decisions.

Please assess Applicant’s personal qualities and further elaborate with relevant comments and examples on the second page of this form.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Personal Qualities**  | Top 5%  | Top 10%  | Top 20%  | Top 50%  | Lower 50%  | Unable to evaluate  |
| Academic background  | 1 | 2  | 3  | 4  | 5  | 0 |
| Intellectual ability  | 1  | 2  | 3  | 4  | 5  | 0 |
| Critical thinking ability  | 1 | 2  | 3  | 4  | 5  | 0 |
| Research potential | 1 | 2  | 3  | 4  | 5  | 0 |
| Motivation / Perseverance | 1 | 2  | 3  | 4  | 5  | 0 |
| Medical knowledge  | 1 | 2  | 3  | 4  | 5  | 0 |
| Clinical Skills  | 1 | 2  | 3  | 4  | 5  | 0 |
| Clinical Judgment / Critical sense  | 1 | 2  | 3  | 4  | 5  | 0 |
| Oral Skills  | 1  | 2  | 3  | 4  | 5  | 0 |
| Written Skills  | 1  | 2  | 3  | 4  | 5  | 0 |
| Interpersonal skills  | 1 | 2  | 3  | 4  | 5  | 0 |
| Punctuality and Ability to meet deadlines | 1 | 2  | 3  | 4  | 5  | 0 |
| Respect to differences  | 1  | 2  | 3  | 4  | 5  | 0 |
| Integrity  | 1  | 2  | 3  | 4  | 5  | 0 |
| Overall ability to: | 1  | 2  | 3  | 4  | 5  | 0 |
| - understanding lectures in English  | 1 | 2  | 3  | 4  | 5  | 0 |
| - reading in English  | 1 | 2  | 3  | 4  | 5  | 0 |
| - expressing himself/herself in English  | 1 | 2  | 3  | 4  | 5  | 0 |

*Please mark each category that best describes this candidate’s abilities while comparing*

 *to other* ***trainees*** *at a similar stage that you have previously dealt with or evaluated.*

I knew the candidate in my capacity as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

During the period from *(month/year)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to *(month/year)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University/Organization : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Kazan State Medical University**

**Residency Program REFERENCE FORM**

Please type and save in .pdf format. Final version please email to our residency programs coordinator **Khayrutdinova, Alsu via email: residency@kazangmu.ru**

1. Adopted from the University of Toronto [↑](#footnote-ref-1)