

**STANDARDIZED LETTER OF EVALUATION FOR THE PURPOSE OF DENTAL MEDICINE
RESIDENCY SELECTION PROCEDURE**

Please, assess the residency candidate by filling in the following standardized letter of evaluation form and verifying it with your signature:

I. Author of the opinion

First and last name of the author: _____

Speciality: _____

Institution: _____

II. Residency candidate

First and last name of the residency candidate: _____

III. Nature and duration of your collaboration with the residency candidate

Please, indicate the nature and the duration of your collaboration with the residency candidate by checking the appropriate table field:

Duration	No collaboration	Less than 1 month	1 to 3 months	4 months to 1 year	More than 1 year
Nature of collaboration					
Undergraduate study					
Research					
Internship					
Clinical work					

1. Title of the research:

2. Nature of clinical collaboration:

IV. Competencies of the residency candidate

Please, indicate the competencies of the residency candidate by checking the appropriate table field:

Competencies	1 Satisfactory	2 Reasonable	3 Good	4 Very good	5 Excellent
Theoretical knowledge					
Practical skills					
Research skills					
Communication skills					
Readiness for team work					
Ability to resolve unpredictable situations					
Ability to resolve conflicts					
Organization skills and time management					

Thank you for your assessment of the residency candidate. The standardised letter of evaluation for the purpose of dental medicine residency selection procedure is hereby concluded. If you have any further descriptive comment on the residency candidate, please write down below.

Comment:

Place and Date:

Signature:
