**AMERICAN ACADEMY OF ORAL & MAXILLOFACIAL RADIOLOGY**

**RADIOLOGY CENTENNIAL SCHOLARSHIP APPLICATION**

**LETTERS OF REFERENCE**

Applicants must select three references to accompany their submitted application. **One reference must be from a dentist or a dental school representative (preferably an Oral & Maxillofacial Radiologist). The other recommendations are the choice of the student.**

STUDENT’S NAME:

Basis of your responses (check all that apply); I know this student:

as an advisor better than most as one of many

as a teacher fairly well in small group contacts

hardly at all through clinical contact

For the following items, check [√] the best description:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Category** | **Truly Exceptional** | **Excellent** | **Good** | **Average or Below** | **Not Able to Evaluate** |
| **Basic Professional Knowledge** |  |  |  |  |  |
| **Professional Judgment** |  |  |  |  |  |
| **Integrity** |  |  |  |  |  |
| **Responsibility & Reliability** |  |  |  |  |  |
| **Written Communication Skills** |  |  |  |  |  |
| **Oral Communication Skills** |  |  |  |  |  |
| **Organization & Common Sense** |  |  |  |  |  |
| **Initiative & Motivation** |  |  |  |  |  |
| **Professional Competence & Skill** |  |  |  |  |  |
| **Diagnostic Aptitude** |  |  |  |  |  |

In my \_\_\_\_\_\_ years of teaching, I would rank this individual in the (select from top 5%, top 10%, upper 25%, middle 50%, lower third) of the students I have taught.

In the space provided below, please provide any additional comments about the student.

Name: Department:

Title: Date: