



MASTER'S OPTION Recommendation Form

Postgraduate Physician Assistant Program
Alderson-Broaddus College
500 College Hill Drive, PO Box 2037, Philippi, WV 26416

To the Candidate Applying for Admission

Three recommendation forms are required for admission as follows: Current Director of your Physician Assistant Program and two professional colleagues. Complete this portion and give to your evaluator along with a stamped, pre-addressed envelope to: Postgraduate Physician Assistant Program, Alderson-Broaddus College, PO Box 2037, 500 College Hill Drive, Philippi, West Virginia 26416-2037.

Candidate's Name: _____ S.S.# _____ - _____ - _____

Street Address: _____

City: _____ State: _____ Zip: _____

Program of Study: Hospitalist Surgery

The Family Educational Rights and Privacy Act of 1974 provides you the right, if you enroll at Alderson-Broaddus College, to review your educational records. The Act further provides waiving your rights to see recommendations for admission. Please indicate below, by checking the appropriate box and signing your name, whether or not you wish to waive this right.

I Waive Do Not Waive any right of access I may have to this recommendation form.

Applicant's Signature: _____ Date: ____/____/____

To the Person Providing the Recommendation

The candidate whose name appears above is applying for admission to the Postgraduate Physician Assistant Program at Alderson-Broaddus College for graduate physician assistants. We appreciate your help in evaluating this candidate.

1. Please rate the candidate in each of the following categories:

Category	Superior	Above Average	Average	Below Average	No Basis
Emotional Stability					
Clinical Skills					
Medical Knowledge					
Reaction to Criticism					
Social Awareness/Tolerance					
Professional Respect by Others					

2. Has the candidate ever been dismissed, suspended, or placed on probation while employed as a physician assistant or as a student in a Physician Assistant Program? Yes No

If "Yes", please explain:

3. Are there any unusual conditions which you think might affect this candidate's ability to work in the medical profession? Yes No

If "Yes", please explain:

4. Consider this candidate's interests, work habits, personality and career goals. Do you feel this candidate is entering an appropriate program of study and will be a successful practitioner? Yes No

Additional Comments:

5. To your knowledge, has the candidate ever been treated for chemical dependency or substance abuse? Yes No

If "Yes", please explain:

6. Please provide any comments about the candidate, which you feel would help the Admissions Committee in their selection process:

7. On the basis of the information available to me, I rate this student for admission to the Postgraduate Physician Assistant Program at Alderson-Broaddus College as follows:

Category	Do Not Recommend	Recommend with Reservations	Recommend
Academic Promise			
Character			
As a Physician Assistant			
Overall Recommendation			

(PLEASE CHECK ONE) Program Director Medical Colleague

Signature: _____ Date: ___/___/___

Please Print Name: _____ State: _____ Zip: _____

Telephone: (_____) _____ - _____