



FLORIDA'S
POISON
CONTROL
CENTERS
Jacksonville



Clinical Toxicology/Emergency Medicine Fellowship Reference Form

Name of Fellowship Applicant:

Name of Reference:

I have known the candidate
for approximately (months)

Position/Title:

Relative number of hours per
week of our interaction during
that time (hours)

Place of Employment:

My relationship to the candidate
was/is in the following capacity

Faculty

Preceptor

Address:

E-mail:

City, State, Zip Code:

Contact Number:

Date of Completion:

Characteristics Evaluated

	Exceeds	Appropriate	Fails to Meet	NA
Writing skills				
Oral communication skills				
Leadership/mentoring skills				
Assertiveness				
Ability to organize and manage time				
Ability to work with peers				
Clinical problem solving skills				
Effective patient interactions				
Dependability				
Independence and resourcefulness				
Emotional stability and maturity				
Professionalism				
Ability to accept constructive feedback				

Please provide comments addressing at least 3 of the above areas.

Please provide 2 strengths of this candidate and how you believe these strengths will be beneficial to his\her success in a fellowship program.

Please provide 2 areas for improvement of this candidate and how you believe a fellowship program will be able to work with the candidate's noted areas for improvement.

Recommendation Concerning Admission

I highly recommend this candidate

I recommend this candidate

I recommend this candidate with reservation

I do not recommend this candidate
