ACADEMY OF MASTER CLINICIANS
CANDIDATE EVALUATION FORM

Name: ___________________________
Department/Division: ________________
Title: _____________________________
Penn Medicine Entity/Other: ________

Please use this form as a guide to evaluate the applicant’s qualifications for membership. Check the appropriate numeric value corresponding to the applicant’s level of qualification and provide appropriate comments in the space below.

Rating Scale:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Absolutely the Best—deserves election</td>
</tr>
<tr>
<td>8-9</td>
<td>Outstanding</td>
</tr>
<tr>
<td>6-7</td>
<td>Excellent</td>
</tr>
<tr>
<td>3-5</td>
<td>Very good</td>
</tr>
<tr>
<td>1-2</td>
<td>Not acceptable</td>
</tr>
</tbody>
</table>

Professionalism (strong emphasis)*
Core Philosophy
Clinical Excellence
Team Player
Role Model
Reputation
Teaching
Citizenship
Overall Score

*see Professionalism Statement

OVERALL EVALUATION AND COMMENTS: ______________________________________________________________
______________________________________________________________________________________________

NOTE: Rank candidates in relation to other nominees from ________________

Evaluator: ___________________________ Date: ___________________________

Copyright © by the Association of American Medical Colleges. Unauthorized reproduction is prohibited.