**CANDIDATE RANKING FORM**

**PEDIATRIC HOSPITAL MEDICINE FELLOWSHIP**

**UCSD at RaDy children’s hospital-san diego**

 (To be completed and submitted by Referee)

Dear Referee:

**Please complete and attach this form** to your letter of recommendation for the candidate.

Your letter should describe the candidate in terms of basic clinical skills, interest/productivity, research, reputation as a teacher, achievements, and overall aptitude for pursuing a successful academic career.

Submit this form with your letter by one of the following methods:

Email to: dbailey@rchsd.org

Fax to: (858) 966-6728

Mail to: Erin Stucky Fisher, MD, MHM, FAAP

 Rady Children’s Hospital-San Diego

 3020 Children’s Way, MC 5064

 San Diego, CA 92123

For assistance, please contact Donald Bailey 858-966-5841

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Fellowship Candidate Information:

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| (Applicant’s last name) |  | (first name) |  | (middle initial) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Ranking of candidate? Please circle one: | Top 5% | Top 10% | Top 25% | Top 50% |

Referee Information:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| (Name of Referee) |  | (Title) |
|  |  |  |
| (Department) |  | (Institution) |
|  |  |  |
| (Signature of Referee) |  | (Date) |