

**Candidate Evaluation Form  
Faculty Affairs Office  
Faculty of Medicine**

**Candidate Name** [Click here to enter text.](#)

**Proposed Position** [Click here to enter text.](#)

**Kindly identify the sources of information for this evaluation:**

- |   |  |
|---|--|
| <input type="checkbox"/> Curriculum Vitae   | <input type="checkbox"/> Observed Clinical Care                |
| <input type="checkbox"/> In Person Meeting  | <input type="checkbox"/> Read Research Reports or Publications |
| <input type="checkbox"/> Observed Teaching  | <input type="checkbox"/> Research Co-Investigator              |
| <input type="checkbox"/> Attended Research Presentation                                 | <input type="checkbox"/> Read Letters of Recommendations       |
| <input type="checkbox"/> Others, Please List: <a href="#">Click here to enter text.</a> |  |

**Kindly rate from 1 to 5 with 5 being the highest and insert a comment:**

1. Educational Background and Academic Career [Choose an item.](#)  
Comment: [Click here to enter text.](#)
  
2. Clinical Skills [Choose an item.](#)  
Comment: [Click here to enter text.](#)
  
3. Research Skills [Choose an item.](#)  
Comment: [Click here to enter text.](#)
  
4. Teaching Skills [Choose an item.](#)  
Comment: [Click here to enter text.](#)
  
5. Experience in Leadership Positions [Choose an item.](#)  
Comment: [Click here to enter text.](#)
  
6. Citizenship and Fit with Department's Needs and Sense of Mission [Choose an item.](#)  
Comment: [Click here to enter text.](#)
  
7. Interpersonal Skills [Choose an item.](#)  
Comment:

Please comment on the candidate's personal traits:  
Click here to enter text.

Please insert general comments:  
Click here to enter text.

Please insert any other comments pertinent to position:  
Click here to enter text.

**Name of Evaluator** Click here to enter text.

**Date** Click here to enter text.