

**University of North Texas Health Science Center
Texas College of Osteopathic Medicine
Certificate in Academic Medicine Program
Request for Reference**

At least **two** recommendations are required with each application. These recommendations must address the applicant's abilities engaging in analytical and critical thinking, writing at a graduate level, and using technology to complete course-related projects. Please use the attached recommendation form when requesting these letters.

Recommendation forms may be submitted via email (fdc@unthsc.edu), fax (817-735-2330), or postal mail:

UNTHSC TCOM
Faculty Development Center
ATTN: Applications
3500 Camp Bowie Blvd.
Fort Worth, TX 76107

PART I: APPLICANT:

Please complete the first part of the recommendation form. If submitting the completed form electronically, sign this form and forward a digital copy of the form to each reference for completion. The recommender may send this form (along with any other materials) directly to fdc@unthsc.edu.

If submitting a hard copy, give this form plus a stamped, self-addressed envelope to each reference if you want them to send the recommendation letters under separate cover. If you want your letters to accompany your packet, please ask your referee to seal the envelope and sign across the back flap.

Applicant's Name: _____ is applying to the **Texas College of Osteopathic Medicine
Certificate in Academic Medicine Program.**

☐ I do ☐ I do not _____ waive access to this letter under the Family Educational Rights and Privacy Act of 1974, or any other law, regulation, or policy.

Applicant Signature: _____

Date: _____

It is the policy of the University of North Texas Health Science Center and the Texas College of Osteopathic Medicine not to discriminate on the basis of race, color, religion, sex, age, national origin, disability, or disabled veteran or veteran of the Vietnam Era status in their educational programs, activities, admissions, or employment policies.

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PART II: RECOMMENDER:

You may either send this form digitally to fdc@unthsc.edu or mail this form directly to us, or return the letter to the applicant in a sealed envelope with your signature across the back flap. This form is considered part of the student's application materials and is required before action can be taken with regard to the student's applicant status. Any information you provide is protected by the 1974 Family Educational Rights and Privacy Act (FERPA).

Recommender's Name: _____

Recommender's Title: _____

Recommender's Signature: _____ Date: _____

1. I have known the applicant for _____ years, _____ months.

2. I know the applicant: ☐ not at all ☐ slightly ☐ fairly well ☐ very well

3. I have known the applicant (check all that apply):

In an educational setting:

☐ Graduate student/medical student

☐ Resident

☐ Advisee

☐ Other:

In a work setting:

☐ Colleague

☐ Employee

☐ Supervisor

☐ Other:

4. Compared to other health professionals of like training, rate this applicant on each characteristic:

	Upper 5%	Upper 10%	Upper 25%	Upper 50%	Lower 50%	No basis for Judgment
Emotional maturity						
Ability to work with others						
Leadership skills/qualities						
Flexibility and adaptability						
Intellectual curiosity						
Writing ability						
Speaking ability						
Problem-solving ability						
Professional commitment						

