OFFICIAL CORD STANDARDIZED LETTER OF EVALUATION (SLOE)
2015-2016 APPLICATION SEASON
Emergency Medicine Faculty ONLY

I have read this year's instructions @ www.cordem.org  ☐ Yes  ☐ No

Applicant's Name: ___________________________  AAMC ERAS ID No. ___________________________
Letter Writers' Institution: ____________________
Reference Provided By: _______________________
Email: ___________________________  Telephone: ___________________________
Present Position: ___________________________

A. Background Information

1. How long have you known the applicant? ___________________________

2. Nature of contact with applicant: (Check all that apply)
   ☐ Know indirectly through others/evaluations  ☐ Extended, direct observation in the ED
   ☐ Clinical contact outside the ED  ☐ Advisor
   ☐ Occasional contact (<10 hours) in the ED  Other: ___________________________

3. a. Did this candidate rotate in your ED?  ☐ Yes  ☐ No
   b. If so, what grade was given?
      ☐ Honors  ☐ High Pass  ☐ Pass  ☐ Low Pass  ☐ Fail

4. Is this the student’s first, second or third EM rotation?  Select One
   What date(s) did this student rotate at your institution? (mm/yy) ___________________________

5. Indicate what % of students rotating in your Emergency Department received the following grades last academic year:

   Honors % ___________________________
   High Pass % ___________________________
   Pass % ___________________________
   Low Pass % ___________________________
   Fail % ___________________________
   Total # students last year: ___________________________

   100 % Total

EM is a required rotation for all students at our institution?  ☐ Yes  ☐ No

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B. Qualifications for EM. Compare the applicant to other EM applicants/peers.

1. Commitment to Emergency Medicine. Has carefully thought out this career choice.
   - Above Peers (Top 1/3)
   - At level of peers (Middle 1/3)
   - Below peers (Lower 1/3)

2. Work ethic, willingness to assume responsibility.
   - Above Peers (Top 1/3)
   - At level of peers (Middle 1/3)
   - Below peers (Lower 1/3)

3. Ability to develop and justify an appropriate differential and a cohesive treatment plan.
   - Above Peers (Top 1/3)
   - At level of peers (Middle 1/3)
   - Below peers (Lower 1/3)

4. Ability to work with a team.
   - Above Peers (Top 1/3)
   - At level of peers (Middle 1/3)
   - Below peers (Lower 1/3)

5. Ability to communicate a caring nature to patients.
   - Above Peers (Top 1/3)
   - At level of peers (Middle 1/3)
   - Below peers (Lower 1/3)

6. How much guidance do you predict this applicant will need during residency?
   - Less than peers
   - The same as peers
   - More than peers

7. Given the necessary guidance, what is your prediction of success for the applicant?
   - Outstanding
   - Excellent
   - Good

C. Global Assessment

1. Compared to other EM residency candidates you have recommended in the last academic year, this candidate is in the:

<table>
<thead>
<tr>
<th>Ranking</th>
<th># Recommended in each category last academic year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top 10%</td>
<td></td>
</tr>
<tr>
<td>Top 1/3</td>
<td></td>
</tr>
<tr>
<td>Middle 1/3</td>
<td></td>
</tr>
<tr>
<td>Lower 1/3</td>
<td></td>
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</tbody>
</table>

   Total Number of letters you wrote last year: 

2. a. Are you currently on the committee that determines the final rank list?  
    - Yes  
    - No

   b. How highly would you estimate the candidate will reside on your rank list? (see instructions if questions)

      - Top 10%
      - Top 1/3
      - Middle 1/3
      - Lower 1/3
      - Unlikely to be on our rank list
D. **Written Comments:**

Please concisely summarize this applicant's candidacy including... (1) Areas that will require attention, (2) Any low rankings from the SLOE, and (3) Any relevant noncognitive attributes such as leadership, compassion, positive attitude, professionalism, maturity, self-motivation, likelihood to go above and beyond, altruism, recognition of limits, conscientiousness, etc. (please limit your response to 250 words or less)

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STUDENT HAS WAIVED RIGHT TO SEE THIS LETTER  
☐ Yes  ☐ No

Date:  
Signature:  