

## Ophthalmology Residency Standardized Letter of Reference

### **Background**

The AUPO has approved a three-year pilot project to evaluate the use of a standardized letter of reference.

Letter writers have the option to complete this Standardized Letter of Reference for students/graduates applying to the PGY-2 Ophthalmology Residency Match as an alternative to providing a formal reference letter.

### **Instructions:**

Complete print and sign the form.

Next determine delivery method:

**Option 1:** Send the completed and signed form to the applicant's medical school Student Affairs office so that the responsible party can upload the document directly into the applicant's SF Match account.

**Option 2:** Place this completed and signed form in a sealed envelope, sign across the seal and give it to the applicant so s/he can mail this Standard Letter of Reference to SF Match's Central Application Service office at:

SF Match/CAS  
655 Beach Street  
San Francisco, CA 94109

This form can be found in editable .pdf format at:

[http://www.sfmatch.org/PDFFilesDisplay/OPHTHR\\_StandardizedLOR.pdf](http://www.sfmatch.org/PDFFilesDisplay/OPHTHR_StandardizedLOR.pdf)

Please contact SF Match if you have questions/comments.

Sincerely,

SF Match

Phone: 415-447-0350

Fax: 415-561-8535

Email: [help@sfmatch.org](mailto:help@sfmatch.org)

## OPHTHALMOLOGY STANDARDIZED LETTER OF EVALUATION

Applicant's Name:

Medical School:

SF Match ID:

Your Name:

Your Signature: \_\_\_\_\_

Your Email:

Your Telephone Number:

This applicant waived his/her right to view this standardized letter.

Yes     No

1. Compared to other candidates you have worked with in your career, this candidate is in the:  
Top 1%    Top 5%    Top 10%    Top 20%    Top 50%    Other: \_\_\_\_\_
2. Your Present Position (choose one):
  - Ophthalmology Department Chair
  - Ophthalmology Program Director
  - Ophthalmology Assistant Program Director
  - Ophthalmology Faculty
  - Non- ophthalmology Faculty (Specialty: \_\_\_\_\_)
  - Private Practice Physician
3. How long have you known the applicant? \_\_\_\_\_ years.
4. Nature of contact with the applicant:
  - Know indirectly through others/evaluations
  - Contact in Clinic and/or Operating Room
  - Contact through research projects
5. Estimate how many days you spent with the applicant: \_\_\_\_\_ days.
6. What was the applicant's grade in Ophthalmology on your service?
  - Honors
  - Pass
  - Fail
  - N/A
  - Other: \_\_\_\_\_

7. Compare the applicant to other applicants for each statement:

Commitment to ophthalmology and passion/enthusiasm for the field.	Top (Top 1/10)	Above Peers (Top 1/3)	At Level of (Middle 1/3)	Below Peers (Lower 1/3)	Cannot Assess

Work ethic, willingness to assume responsibility.	Top (Top 1/10)	Above Peers (Top 1/3)	At Level of (Middle 1/3)	Below Peers (Lower 1/3)	Cannot Assess

Grasp of ophthalmologic exam skills and findings.	Top (Top 1/10)	Above Peers (Top 1/3)	At Level of (Middle 1/3)	Below Peers (Lower 1/3)	Cannot Assess

Level of curiosity and asking appropriate questions.	Top (Top 1/10)	Above Peers (Top 1/3)	At Level of (Middle 1/3)	Below Peers (Lower 1/3)	Cannot Assess

Works well with peers and coworkers.	Top (Top 1/10)	Above Peers (Top 1/3)	At Level of (Middle 1/3)	Below Peers (Lower 1/3)	Cannot Assess

Ability to communicate a caring nature to patients.	Top (Top 1/10)	Above Peers (Top 1/3)	At Level of (Middle 1/3)	Below Peers (Lower 1/3)	Cannot Assess

How highly would you estimate the candidate will reside on your institution's rank list?	Top (Top 1/10)	Above Peers (Top 1/3)	At Level of (Middle 1/3)	Below Peers (Lower 1/3)	Cannot Assess

Please indicate applicant's greatest strength and include any additional comments in space below (200 word limit)