**Candidate’s name:**

**Please provide your CONFIDENTIAL assessment of the Primary Interprofessional Care Educator candidate’s:**

1. **Primary Interprofessional Care (PIC) Educator and clinical Interprofessional Practice (IP)**
   1. PIC and/or IP interest level (0=none, 10 = only practice model of interest): \_\_\_
   2. PIC and/or IP commitment (0=none, 10 = only practice model of interest): \_\_\_
   3. Strengths in PIC/IP practice:
   4. Weakness in PIC/IP practice:
2. **Service to disadvantaged populations and populations experiencing health disparities:**
   1. Service interest level (0=none, 10 = only practice model of interest): \_\_\_
   2. Service commitment (0=none, 10 = only practice model of interest): \_\_\_
   3. Strengths for Service to disadvantaged and health disparity populations:
   4. Weakness for Service to disadvantaged populations:
3. **Career to date with regard to:**
4. Teaching interest (0=none, 10 = area most interested in): \_\_\_
5. Clinic interest (0=none, 10 = area most interested in): \_\_\_
6. Scholarly activities (research and other) interest (0=none, 10 = area most interested in): \_\_\_
7. Service activities (School / community) interest (0=none, 10 = area most interested in): \_\_\_
8. Leadership potential (0=none, 10 = exceptional): \_\_\_
9. Academic potential (0=none, 10 = exceptional): \_\_\_
10. Collegiality (0=none, 10 = exceptional):
11. Your perceived value of the candidate to:

Division/Department: (0=none, 10 = exceptional, N/A): \_\_\_

College: (0=none, 10 = exceptional, N/A): \_\_\_

Medical Center: (0=none, 10 = exceptional, N/A): \_\_\_

1. Strengths Career to date (optional):
2. Weakness Career to date (optional):
3. **Career future potential with regard to:**
4. Teaching (0=none, 10 = exceptional): \_\_\_
5. Clinic interest (0=none, 10 = exceptional): \_\_\_
6. Scholarly activities (research and other) interest (0=none, 10 = exceptional): \_\_\_
7. Service activities (School / Community) interest (0=none, 10 = exceptional): \_\_\_
8. Leadership potential (0=none, 10 = exceptional): \_\_\_
9. Academic potential (0=none, 10 = exceptional): \_\_\_
10. Collegiality (0=none, 10 = exceptional): \_\_\_
11. Value to the Dental School (0=none, 10 = exceptional): \_\_\_
12. Strengths supporting the candidate’s career potential (optional):

Career potential weaknesses (optional):

1. **Overall assessments:**
   1. How would you rate this candidate overall for a successful academic career?

(0=none, 10 = exceptional): \_\_\_

**6. TOTAL SCORE: \_\_\_\_\_\_\_\_**

**7.** Are there any additional comments you would like to make in order to assist the Selection Committee in awarding a Fellowship?

**7.** Does your School have Community Health Center teaching sites? (Please Circle: YES NO)

**8.** Does your School have other teaching sites in the Community? (Please Circle: YES NO)

**9.** Does your School have a clinic dedicated to developmental disabled adults that students rotate through?

(Please Circle: YES NO)

**10**. Does your School have an offsite clinic dedicated to developmental disabled adults that students rotate through?

(Please Circle: YES NO)

**11.** Does your school offer a geriatric rotation? (Please Circle: YES NO)

**12.** Does your school offer community or special care opportunities for students that have not been mentioned above?

(Please Circle: YES NO)

**13.** If #12 is yes, please briefly describe. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**14. attest that if selected, I will assure the PIC Fellow is committed 55% Full Time Equivalent, and will engage in a $75,000 sub-contract with Eastman institute for Oral Health to support their participation,**

**Signed:**