

**UCSF Fresno Orthopaedic Surgery  
Physician Assistant Residency  
Recommendation Form**

Applicant's Name:

Reference Provided By:

Title:

Email:

Institution:

Telephone Number:

**Background Information**

1. How long have you known the applicant?

2. Nature of contact with applicant:

3. Did this student rotate at your institution? Yes No

Did the student rotate with you? Yes No (If no, department: )

What grade was given?

Honors High Pass Pass Fail

**Qualifications for Orthopaedic Surgery** Compare the applicant to other applicants/peers

1. Commitment to Orthopaedic Surgery. Has carefully thought out this career choice.

Outstanding (top 10%) Excellent (top 1/3) Very Good (middle 1/3) Good (lower 1/3)

2. Work ethic, willingness to assume responsibility

Outstanding (top 10%) Excellent (top 1/3) Very Good (middle 1/3) Good (lower 1/3)

3. Ability to develop and justify an appropriate differential and a cohesive treatment plan

Outstanding (top 10%) Excellent (top 1/3) Very Good (middle 1/3) Good (lower 1/3)

4. Ability to interact with others

Superior Excellent Adequate Poor

5. Ability to communicate in a caring nature to patients

Superior Excellent Adequate Poor

6. Given the necessary guidance, what is your prediction of success for the applicant?

Outstanding Excellent Good Fair

**Global Assessment**

1. Compared to other candidates you have recommended, this applicant is ranked as:  
Outstanding (top 10%)   Excellent (top 1/3)   Very Good (middle 1/3)   Good (lower 1/3)

**Written Comments**

**Questions or Comments:**

Simon Mizyed, PA-C  
Program Director, Orthopaedic Surgery PA Residency Program  
UCSF Fresno Medical Education Program  
[Simon.Mizyed@ucsf.edu](mailto:Simon.Mizyed@ucsf.edu)

**Signature:**

**Date:**

**APPLICANT HAS WAIVED RIGHT TO SEE THIS LETTER**

**Please send completed form to:**

**UCSF Fresno Orthopaedic Surgery PA Residency Program**

Attn: Jenny McHenry

2823 Fresno St

Fresno, CA 93721

FAX: (559) 459-5029

PHONE: (559) 459-4004

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