

VA Chiropractic Residency - Reference Form

VA Chiropractic Residency Program Overview

Residents provide full diagnostic and management services for musculoskeletal and neuromuscular conditions under the mentorship of senior VA doctors of chiropractic (DCs). This includes team-based management of complex conditions in collaboration with medical and other healthcare providers. Residents also engage in clinical rotations through primary care, medical/surgical specialties, mental health, and rehabilitation disciplines. Additionally, residents participate in various scholarly activities, and attend and give presentations at multiple academic/research venues of the VA facility and/or its affiliates.

Please consider this applicant in context of the above-described training program.

Applicant's name:

How long have you known the applicant?

In what capacity have you interacted with and come to know the applicant?

Were you previously, are you now, or are you about to become related to the applicant as family, or associated through a professional or financial arrangement? If yes, please explain.

Please rank the applicant compared to other students/chiropractors of similar experience levels. If you do not have adequate knowledge to rate a given area, please indicate UA for "unable to assess."

	Top 5%	Top 25%	Top 50%	Lower 50%	UA
Medical/clinical knowledge					
Clinical competence and judgment					
Patient examination and diagnosis					
Therapeutic intervention skills					
Competence in evidence-based medicine principles					
Patient interaction and communication					
Respect and compassion for patients					
Ethical behavior and integrity					
General written and spoken communication skills					
Conscientiousness, reliability					
Effectiveness as an interdisciplinary team member					
Willingness to accept constructive criticism					
Work ethic					
Self-initiative					
Emotional stability and maturity					
Likelihood of integrating in a medical setting					

Additional questions

Are you aware of any particular strengths or weaknesses of this applicant that may not be evident from CVs, transcripts, etc? If yes, please explain.

Have you ever observed or been informed of any physical, mental, emotional, or behavioral issues that the applicant has or had that have affected or could potentially affect his/her ability to perform the duties required? If yes, please explain.

To the best of your knowledge, are there any special provisions required to accommodate this applicant? If yes, please explain

Would you recommend this applicant for a VA chiropractic residency?

Highly recommend

Recommend

Recommend with reservation (explain below)

Do not recommend (explain below)

Please call me to discuss this applicant (enter telephone number below)

Please write any additional comments in the space below. Feel free to include any personal experiences that might illustrate the applicant's character or uniqueness.

Your information	
Name:	
Date:	
Current position/institution:	
Signature:	

Please sign this form (either electronically or hard copy) and return a PDF by email to:

chiropractorresidencymatch@va.gov

This one submission will be transmitted to the given program(s) to which the individual is applying.

Submission deadline is January 31, 2020