

INTERNSHIP END OF TRAINING EVALUATION

Intern Name: _____

Rank: _____

Command: _____ Training Program: _____

Date Started: _____ Date Completed: _____

1. _____ Successfully completed all aspects of internship training with no significant problems noted.
 _____ Successfully completed all aspects of internship training but encountered significant problems.
 _____ (Please list in comments)

2. Compared to the other interns in this program; this individual's performance was:

Individual Summary

		A. Significantly better than the rest.(top 10-20%)
		B. Comparable with the majority. (middle 80%)
		C. Significantly lower than the rest.(lowest 0-10%)

3. Compared to interns in similar programs around the country, this individual's performance was: (base this mark, if possible, on standardized, objective data such as inservice scores, etc.)

Individual Summary

		A. Significantly better than the rest.(top 10-20%)
		B. Comparable with the majority. (middle 80%)
		C. Significantly lower than the rest.(lowest 0-10%)

4. I would recommend this intern for my residency program as follows:

_____ strongly desire _____ would select _____ would not select

5. I am _____ aware _____ unaware of any medical or other problems which may interfere with this physician's practice of medicine. (If aware, please outline in comments)

6. Comments: _____

7. Signature of Evaluator:

Typed Name: _____

Title: _____

Date: _____

8. Signature of Trainee: _____ Date: _____

This form is to be filed in the individual's local training record.
A copy of this form must be submitted to:
Navy GME Office
NAVMED MPT&E BETHESDA, Code 1WMC141,
8901 Wisconsin Avenue, Bethesda, MD 20889-5600

Notes:

1. Under the column for "Summary" in items 2 and 3, list the total number of interns marked in each category.
2. For item 4, Transitional Program Directors may elect to solicit input from residency program directors.
3. Please attach a list of rotations completed during internship.