
**Letter of Evaluation
Clinical Experience
Master of Health Science in Clinical Leadership Program
Duke University School of Medicine**

To be completed by applicant:

NAME: _____
(LAST or FAMILY) (FIRST) (MIDDLE)

Under the Family Educational Rights and Privacy Act of 1974, students enrolled at Duke University have access to their educational records, including letters of evaluation. However, students may waive their right to see letters of evaluation, in which case the letters will be held in confidence. If the applicant has not signed a waiver, he or she may request to see the letter after being admitted to the Clinical Leadership Program.

If you wish to waive your right to examine the evaluation on file at Duke University and submitted by the person to whom this form is being given, please sign here:

(SIGNATURE OF APPLICANT) (DATE)

THE PROGRAM

The Clinical Leadership Program is a collaborative program of the Duke University School of Medicine, School of Nursing, Fuqua School of Business, School of Law and Terry Sanford Institute for Public Policy. Designed for experienced clinicians, who are new to or would like to pursue leadership positions in the dynamic health care environment, the program offers formal courses in population-based health care, financial management, law, organizational behavior, quality management, and strategic management for health services.

THE DEGREE

The Master of Health Sciences in Clinical Leadership is a professional degree awarded by the School of Medicine at Duke University. The degree requires 27 units of graded course work plus 5 seminars for which a total of 10 units of credit are given and a team project for which 6 units of credit are given. The seminars and participation in a team project provide opportunities for the student to apply the skills and concepts learned through their coursework to the real health care environment.

(OVER PLEASE)

NAME: _____
(LAST or FAMILY) (FIRST) (MIDDLE)

The Master of Health Science in Clinical Leadership Program would appreciate a candid statement from you concerning the applicant named above. Please use the space below (or an attached letter if you prefer) to comment on the applicant's clinical experience, accomplishments, abilities, character and capacity for success as a degree candidate in this program. It would be helpful for us to know how long, and in what connection, you have known the applicant.

Recommend Enthusiastically _____ Signature _____ Date _____
Recommend With Confidence _____ Name(Print) _____
Recommend _____ Title _____
Recommend With Reservation _____ Institution _____
Not Recommended _____ Address _____

Please mail your evaluation directly to: **Clinical Leadership Program**
Department of Community and Family Medicine
Box 2914
Duke University Medical Center
Durham, NC 27710