To be completed by applicant:

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 was created in collaboration with the Duke University School of Medicine, School of Nursing, Fuqua School of Business, School of Law and Terry Sanford Institute for Public Policy to provide a comprehensive learning experience for the clinical professional in the discipline of leadership. The Clinical Leadership Program continues to partner with faculty from these schools and beyond to engage students in exploring and learning about health care issues from the perspectives of business, finance, informatics, law, policy, population health, quality management and strategic planning. In addition to the program’s core courses are thought-provoking seminars on the topics of leadership and management. The program is designed for clinical professionals, who are new to or would like to pursue leadership positions in the dynamic health care environment.

(OVER PLEASE)
The 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 accomplishments, abilities, character and capacity for success as a participant in this program. It would be helpful for us to know how long, and in what capacity, 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 104425
Duke University Medical Center
Durham, NC 27710

Scanned documents may be emailed to: ClinicalLeadership@mc.duke.edu