
Applicant Name

Social Security Number

Demonstrates knowledge and acceptance of cultural diversity.

1 2 3 4 5

Explain: _____

Possesses strong interpersonal skills (i.e. communication, good chair-side manners, etc.)

1 2 3 4 5

Explain: _____

Understands and appropriately utilizes the health care delivery system.

1 2 3 4 5

Explain: _____

Demonstrates strong clinical skills when treating children, especially young children.

1 2 3 4 5

Explain: _____

Exercises maturity in relating to patients and in making decisions.

1 2 3 4 5

Explain: _____

Ability to adapt and/or be flexible when relating to others on a professional basis

1 2 3 4 5

Explain: _____

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4. What are the applicant's greatest strengths?

5. Can you identify any characteristics of the applicant that might impact his/her ability to fulfill the requirements of this program?

6. Please use the space below to provide us with any additional information that you feel would help us make a decision.

Signature

Date

Thank you for completing this form. This form must be received by **August 31, 2012**. Please place it in a sealed stamped envelope and mail to:

MDC-LARP
Office of Oral Health
Maryland Department of Health and Mental Hygiene
201 W. Preston Street, 3rd Floor
Baltimore, MD 21201