



CONFIDENTIAL

**EVALUATION FORM OF CANDIDATE FOR MEMBERSHIP  
(PLEASE PRINT OR TYPE)**

Dr. \_\_\_\_\_ is listed as a candidate for membership in the American Association of Oral and Maxillofacial Surgeons. I wish to offer the following appraisal of his/her qualifications. I have known the applicant for \_\_\_\_\_ years.

Please comment directly on each of the items below:

\_\_\_\_\_  
**CHARACTER: Morals, trustworthiness, ideals**

\_\_\_\_\_  
**COMPETENCE: Professional capacity, education, fitness**

\_\_\_\_\_  
**ETHICS: Relations with medical-dental colleagues, public**

\_\_\_\_\_  
**JUDGEMENT: Tact, diplomacy, decisiveness**

\_\_\_\_\_  
**STABILITY: Self-control, tolerance, social aptitude**

\_\_\_\_\_  
**ADDITIONAL COMMENTS:**

NOTE: Evaluator completing form must be a current AAOMS Fellow/Member

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**MAIL COMPLETED FORM TO:  
AAOMS  
MEMBERSHIP SERVICES  
9700 W. BRYN MAWR AVE.  
ROSEMONT, IL 60018-5701**