



NEW YORK STATE SOCIETY of  
Oral and Maxillofacial Surgeons

**CONFIDENTIAL**

**FORM FOR EVALUATION OF CANDIDATE FOR MEMBERSHIP**

**NEW YORK STATE SOCIETY OF  
ORAL AND MAXILLOFACIAL SURGEONS**

**Please Print or Type:**

Dr. \_\_\_\_\_ is listed as a candidate for membership in the New York State Society 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 the following aspects of the candidate:*

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

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

**ETHICS:** Relations with Medical-Dental conferences, public \_\_\_\_\_

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

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

COMPLETED FORM IS TO BE  
RETURNED BY RESPONDENT TO:

**iajala@nysdental.org**

or

**NYSSOMS**

**20 Corporate Woods Blvd. - #602  
Albany, NY 12211**

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

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Signature \_\_\_\_\_