



**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 each of the items below:

**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 \_\_\_\_\_

Use additional sheet if necessary

**COMPLETED FORM IS TO BE  
RETURNED BY RESPONDENT TO:**

Isabella Ayala  
iaayala@nysdental.org

NYSSOMS  
20 Corporate Woods Blvd., #602  
ALBANY, NY 12211

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

Address: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_