

Sample Three: In-House Candidate Post-Visit Evaluation Form

Candidate's Name: _____

Candidate's Specialty: _____

Interviewed By: _____ Date: _____

Your feedback regarding Dr. PHYSICIAN'S NAME's visit on DATE, would be greatly appreciated.

1. Do you feel this candidate would be a good choice for our community?

2. What is your impression about the candidate's level of commitment and enthusiasm for our opportunity?

3. Did the candidate express any concerns or areas of particular interest regarding the opportunity?

4. Please provide a brief description of your overall impression of the candidate.

5. Additional comments: _____

Thank you for your input. Please return this form to YOUR NAME AND CONTACT INFORMATION.