



## DPM REFERENCE FORM

### Instructions:

Please print both pages. Have the student complete the information below before executing this form. The DPM will need to complete the remaining information, place the completed form in a sealed envelope, and then sign the outside of the envelope over the seal.

Please mail a copy of this form to the Office of Admissions for the selected schools or return it to the student to send the unopened letter(s) directly to the school(s).

Select up to nine:

- AZPOD Admissions, 19555 N. 59th Ave Glendale, AZ 85308
- BUSPM School of Podiatric Medicine, 11300 NE Second Avenue Miami Shores, FL 33161
- CSPM Office of Admissions, 3100 Telegraph Avenue Suite 1000 Oakland, CA 94609
- DMU-CPMS Enrollment Management, 3200 Grand Avenue Des Moines, IA 50312
- KSUCPM Office of Enrollment Management, 6000 Rockside Woods Blvd. Independence, OH 44131
- NYCPM Office of Enrollment Management, 53 East 124 Street New York, NY 10035
- SCPM Office of Admissions and Enrollment, 3333 Green Bay Road North Chicago, Illinois 60064-3095
- TUSPM Office of Admissions, 148 N. 8th Street Philadelphia, PA 19107
- WUCPM Office of Admissions, 309 East Second St Pomona, CA 91766

Date of Birth: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
*Last First Middle*

### WAIVER STATEMENT

The waiver statement should be signed only if you waive the right, granted you by the Family Education Rights and Privacy Act of 1974, to read this reference.

I hereby freely and voluntarily waive my rights of access to any information contained on this reference form and agree that the statement shall remain confidential.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The comments and opinions provided by the DPM Mentor are those of the Mentor only and do not represent the opinions of AACPM. This reference form is not to be construed as AACPM's endorsement for the student or AACPM's opinion about the student's qualifications.

**To be completed by the DPM:**

Please complete the reference form and place in a sealed envelope with your signature across the seal. You can mail the form(s) directly to the Office(s) of Admissions or give the applicant the sealed envelope(s) to return to each Office of Admissions. If the applicant has waived his/her right of access to this material (waiver statement), it remains a confidential communication between you and the school.

How long have you known the applicant? From \_\_\_\_\_ to \_\_\_\_\_  
Date Date

Please evaluate the applicant in terms of the following characteristics by checking the appropriate boxes. Your evaluation should be based on observed performance.

	0-Insufficient Knowledge	1-Poor	2-Average	3-Good	4-Excellent
Motivation for Podiatric Medical career					
Presented themselves professionally					
Shows evidence of Cultural Competency					
Demonstrates Critical Thinking Abilities					
Positive Oral Communication Skills					
Flexibility or Resilience					
Expressed Curiosity or Inquisitiveness					

Each Admission Committee values your insight regarding this student when he or she applies to the Schools and Colleges of Podiatric Medicine. To further assist these committees in obtaining a clear picture and more complete profile on this student, you are welcome to add a few thoughts about this student here:

We appreciate your effort to assist the Schools and Colleges. If you have any questions, please feel free to contact us at PodInfo@aacpm.org.

*Please Print Clearly*

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Institution/Organization: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Phone Number: ( ) \_\_\_\_\_

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