

# Humboldt State University Pre-Medical Association Internship Program

## *PHYSICIAN FACULTY EVALUATION*

1. Did you enjoy your participation in the Program?

YES \_\_\_\_\_ NO \_\_\_\_\_

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2. Patient attitude: Were the majority of your patients receptive to the intern?

YES \_\_\_\_\_ NO \_\_\_\_\_

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3. What further role could the Pre-Medical Association or Medical Society have played in facilitating the internship program?

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3. Do you feel comfortable discussing medical issues with interns in the future?

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4. What do you feel the interns have gained from the time they spent with you?

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5. Do you feel that this was the appropriate amount of time for the internship?

YES \_\_\_\_\_ NO \_\_\_\_\_

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6. Would you be willing to schedule an intern again in the upcoming semester?

YES \_\_\_\_\_ NO \_\_\_\_\_

7. What other physicians would you recommend?

8. Would you be willing to schedule an intern for the summer months?

YES \_\_\_\_\_ NO \_\_\_\_\_

9. Would you be willing to write a letter of recommendation for the intern?

YES \_\_\_\_\_ NO \_\_\_\_\_

**COMMENTS:**

Name:

\_\_\_\_\_

Intern(s):

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\_\_\_\_\_  
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**\*THANK YOU FOR PARTICIPATING\***

*The Humboldt State University Pre-Medical Association Internship Program is coordinated in conjunction with the Humboldt-Del Norte Medical Society.*

**PLEASE RETURN TO:**

*Pre-Medical Association  
Humboldt State University  
Arcata, CA 95521-8299*