

MCG Medical Student Citation Form

This form is used to document noteworthy medical student performance involving a specific incident or event. This may be completed by faculty, residents, nurses or support staff. These comments will be used to provide a more complete picture of a student's performance and professionalism. After you have completed this form please fold, seal securely in half, and send to the clerkship director at the address printed on the back. Thank you.

Student: _____ **Date:** _____

Evaluator: _____ **Ph/Contact #:** _____

Brief Description of Incident: If additional space is needed, use a continuation sheet

	Needs Improvement	Outstanding
Patient Care		
Professionalism		
Interpersonal & Communication Skills		

Discussed with student

Not discussed with student