**ORAL EXAMINATION EVALUATION FORM**

**CANDIDATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CANDIDATE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_**

**SCENARIO NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ROOM:\_\_\_\_\_\_\_ TIME\_\_\_\_\_\_\_\_\_**

**EXAMINER NAME:\_\_\_\_\_\_\_\_\_\_\_ EXAMINER NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_**

**Circle candidate’s score for each question according to this scale:**

**3 = EXCELLENT: Candidate’s response unquestionably meets expectations**

**2 = ACCEPTABLE: Candidate’s response is appropriate, with minor omissions or errors**

**1 = DEFICIENT: Candidate’s response is incomplete or less than appropriate**

**0 = UNACCEPTABLE: Candidate’s response is incorrect, incomplete, and/or inappropriate**

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| **\*\*Note that not all topics have 3 questions so some Question Scores will not be used.** | |  |
| **QUESTION SCORES \*\*** | | **FINAL SCORE** |
| **(1-1) 3 2 1 0**  **(1-2) 3 2 1 0**  **(1-3) 3 2 1 0** | 1. **RADIOGRAPHIC EXAMINATION** | **(1) 3 2 1 0** |
| **(2-1) 3 2 1 0**  **(2-2) 3 2 1 0**  **(2-3) 3 2 1 0** | 1. **SUBJECTIVE AND OBJECTIVE EXAMINATION** | **(2) 3 2 1 0** |
| **(3-1) 3 2 1 0**  **(3-2) 3 2 1 0**  **(3-3) 3 2 1 0** | 1. **MEDICAL HISTORY** | **(3) 3 2 1 0** |
| **(4-1) 3 2 1 0**  **(4-2) 3 2 1 0**  **(4-3) 3 2 1 0** | 1. **DIAGNOSIS/DIFFERENTIAL DIAGNOSIS** | **(4) 3 2 1 0** |
| **(5-1) 3 2 1 0**  **(5-2) 3 2 1 0**  **(5-3) 3 2 1 0** | 1. **ETIOLOGY AND PATHOGENESIS** | **(5) 3 2 1 0** |
| **(6-1) 3 2 1 0**  **(6-2) 3 2 1 0**  **(6-3) 3 2 1 0** | 1. **TREATMENT** | **(6) 3 2 1 0** |
| **(7-1) 3 2 1 0**  **(7-2) 3 2 1 0**  **(7-3) 3 2 1 0** | 1. **APPLICATION OF BIOLOGIC PRINCIPLES** | **(7) 3 2 1 0** |
| **(8-1) 3 2 1 0**  **(8-2) 3 2 1 0**  **(8-3) 3 2 1 0** | 1. **COMPLICATIONS OF TREATMENT** | **(8) 3 2 1 0** |
| **(9-1) 3 2 1 0**  **(9-2) 3 2 1 0**  **(9-3) 3 2 1 0** | 1. **PROGNOSIS** | **(9) 3 2 1 0** |
| **(10-1) 3 2 1 0**  **(10-2) 3 2 1 0**  **(10-3) 3 2 1 0** | 1. **POST TREATMENT EVALUATION** | **(10) 3 2 1 0** |

**Examiner’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_­­­\_\_­­­­**