**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\_­­­\_\_­­­­**