



RE: \_\_\_\_\_  
(Applicant Name)

Dear Colleague:

The person identified above has applied to the Preventive Medicine Residency and Fellowship (PMR/F) at the Centers for Disease Control and Prevention and indicated that you will be writing a letter of recommendation for his/her application. The Residency is a 24-month program accredited by the Accreditation Council for Graduate Medical Education (ACGME) and meets the residency requirement of the American Board of Preventive Medicine (ABPM) for the Public Health and General Preventive Medicine specialty. The Fellowship is a 12-month program similar to PMR intended for clinicians and for physicians who do not meet eligibility criteria for the Residency.

Enclosed is a list of items we would like for you to address in your letter. We would appreciate a frank and objective evaluation of the applicant.

Your prompt response is appreciated.

**Submission**

For this person to be considered for PMR/F, upload your letter of recommendation by **August 1, 2016**. You will receive an email from [PrevMed@cdc.gov](mailto:PrevMed@cdc.gov). Click the link in that email to upload your recommendation letter.

You will receive a confirmation of upload. Applicants may check receipt through the online application but they will not be able to see the content of the letter.

No exceptions will be granted to applicants if recommendation letters are not received by the deadline.

Sincerely,

Antonio J. Neri, MD, MPH  
CDR, USPHS  
Director, Preventive Medicine Residency and Fellowship  
Centers for Disease Control and Prevention

**Reference Letter Instructions**  
**Preventive Medicine Residency and Fellowship (PMR/F)**

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***To Be Completed by Evaluator***

The above named individual is applying for admission to the Preventive Medicine Residency or Fellowship (PMR/F) at CDC. The PMR/F programs are designed to prepare clinicians for future leadership roles in public health at federal, state, and local levels.

Participants in the programs will develop a broad range of knowledge and skills in the application of medicine, epidemiology, leadership, and management to public health policy and program development. Training activities include didactic and supervised practical experience and will contribute to the professional development of physicians and other clinicians in public health careers. The training demands are considerable and motivation for a public health career is important.

Your candid evaluation of the applicant will greatly assist our committee in its efforts to select the appropriate residents.

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Name (Evaluator) Title

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Occupation Phone #

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Organization Address

1. How long have you known the applicant? \_\_\_\_\_
2. What is your relationship to the applicant (employer, immediate supervisor, secondary supervisor)?
3. Does the applicant have any special talents, abilities, or attributes in the context of their professional activities?
4. Does the applicant have any particular areas in need of improvement in the context of their professional activities?

**Reference Letter Instructions**  
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5. Compare the applicant with other CDC physicians, veterinarians, nurses, dentists, physician assistants, or other public health practitioners you have known with the same background. Please indicate your evaluation by checking the appropriate column in the categories listed below and identify your referent group.

Referent group: \_\_\_\_\_

<b>Categories Observed</b>	<b>Superior Top 2 %</b>	<b>Excellent Top 10%</b>	<b>Above Average Top 25%</b>	<b>Average 25–75%</b>	<b>Below Average Bottom 25%</b>	<b>Not Observed</b>
Intellectual ability						
Career commitment to public health						
Interest in specialty of preventive medicine						
Ability to complete work on time						
Initiative and motivation						
Ability to work independently without close supervision						
Ability to work with others						
Leadership potential						
Emotional maturity						
Ability to balance program and personal needs						
Desire for board certification in preventive medicine						

**Narrative Statement:**

**Please provide a narrative statement in an attached letter** including any information (e.g., work ethic, flexibility, adaptability, interpersonal skills) which you feel would be of value in considering this applicant.

**Overall Evaluation:**

Please indicate your opinion as to whether the applicant should be admitted to the PMR/F

Recommend **very strongly**

Recommend **strongly**

Recommend

Recommend **with reservation**

**Do not** recommend

Thank you for assisting our committee.

May we contact you regarding this evaluation?      Yes      No

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