



Re: _____
Applicant's Name

Dear Colleague:

The person identified above has applied to the Public Health Informatics Fellowship Program (PHIFP) at the Centers for Disease Control and Prevention and indicated that you will be writing a letter of recommendation for his/her application. PHIFP is a 2-year, post-graduate fellowship program that provides training and experience in applying computer and information science and technology to public health problems.

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.

For this person to be considered for PHIFP, your letter of recommendation must be received by November 21, 2008. Your prompt response will facilitate processing the application and will be most helpful as we prepare for PHIFP interviews and selections.

Sincerely yours,

Director, PHIFP Program
Career Development Division
Office of Workforce and Career Development
Centers for Disease Control and Prevention
1600 Clifton Rd., NE
Mailstop E-92
Atlanta, GA 30333 USA

Enclosure

Letters of Recommendation for Applicants to the PHIFP Program

In your letter of recommendation, please include

1. Your relationship to the applicant (e.g., employer, supervisor, teacher, dean, faculty advisor).
2. The period of time you were associated with the applicant;
3. Comments and examples in response to the following questions that draw upon your interactions with the applicant:
 - What are the applicant's major areas of interest in public health informatics?
 - Can the applicant clearly express thoughts orally and in writing?
 - To what extent is the applicant:
 - Intellectually curious and resourceful?
 - A rational decision maker?
 - Tactful and constructive in personal interactions?
 - Respectful of others (e.g., peers, support staff, constituents)?
 - Self-directed and independent, yet willing and able to work as part of team?
 - Able to work under pressure?
 - Willing to take the initiative when appropriate?
4. Would you be willing to employ or re-employ the applicant if you had an opening requiring the general professional level and profession of the applicant/ If yes, in what capacity? If no, please give reasons.

Mail letter to:

Public Health Informatics Fellowship Program
ATTN: PHIFP Application
Centers for Disease Control and Prevention
1600 Clifton Rd., NE
Mailstop E-92
Atlanta, GA 30333 USA