



Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

To the Applicant: After supplying the information indicated above the dotted line, give this document to two individuals who are familiar with your academic and/or employment achievements, future aspirations, personal qualities, and professional attributes.

APPLICANT'S LAST NAME	FIRST NAME	MI

To the Evaluator: The person identified above has applied for a position in the Public Health Associate Program (PHAP) at the Centers for Disease Control and Prevention (CDC) and has listed you as a reference. PHAP is a two-year service and training program that provides opportunities for promising future professionals to gain broad experience in the day-to-day operation of public health programs. PHAP is geared toward recent baccalaureate college graduates who are interested in beginning a career in public health. As a reference, your objective evaluation of the applicant's abilities and potential for future career growth in public health will play an important part in the selection process. To assist us in the review process, we ask that you complete the information below and address the following items in an accompanying letter of recommendation:

1. Indicate your name, title, organization, how long you have known the applicant, and in what capacity (e.g., employer, supervisor, teacher, or faculty advisor).
2. For each of the following five areas, please rate the applicant's abilities and skills, and in your letter provide comments related to your rating. Additionally, please include any additional strengths and weaknesses that you feel will be helpful in the selection process providing examples that draw on your interactions with the applicant.

Categories Observed	Superior Top 2%	Excellent Top 10%	Above-Average Top 25%	Average 25-75%	Below Average Bottom 25%	Not Observed
Logical Thinking						
Written/Oral Communications						
Interpersonal and Team Skills						
Ability to Balance Program and Personal Needs						
Emotional Maturity						

AFTER COMPLETING THIS DOCUMENT, PLEASE RETURN IT WITH YOUR ACCOMPANYING LETTER OF RECOMMENDATION TO THE PUBLIC HEALTH ASSOCIATE PROGRAM ADDRESS LISTED BELOW.

3. Please sign this form and the recommendation letter and submit them together to the address below. **The letter must be postmarked by March 9, 2012.**

Evaluator's Name	Signature	Date
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Center for Disease Control and Prevention/Public Health Associate Program
ATTN: Public Health Associate Program (PHAP) Application
4770 Buford Highway, NE, MS E-85
Atlanta, GA 30341
USA

Thank you for your assistance. If you have any questions, please email the PHAP program at PHAP@cdc.gov.