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| <b>DIVISION: Scientific Education &amp; Professional Development</b> | <b>PROGRAM: Preventive Medicine Residency &amp; Fellowship</b> |
| <b>BRANCH: Population Health Workforce</b>                           | <b>TITLE: Applicant's Letter of Reference Evaluation Form</b>  |

|   |                    |                      |                          |   |                             |                      |
|---|--------------------|----------------------|--------------------------|---|-----------------------------|----------------------|
| <b>Instructions</b>   |                    |                      |                          |   |                             |                      |
| To Be Completed by the Evaluator: This individual is applying for admission to the Preventive Medicine Residency or Fellowship (PMR/F) at CDC. The PMR/F programs are designed to prepare physicians and other health professionals 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 health professionals 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 best candidates. |                    |                      |                          |   |                             |                      |
| Evaluator's Name  |                    |                      |                          | Title   |                             |                      |
| CIO/Organization  |                    |                      |                          | Phone   |                             |                      |
| Address   |                    |                      |                          | E-mail  |                             |                      |
| <b>Evaluation</b>   |                    |                      |                          |   |                             |                      |
| 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  |                    |                      |                          |   |                             |                      |
| Categories Observed   | Superior<br>Top 2% | Excellent<br>Top 10% | Above Average<br>Top 25% | Average<br>25 – 75%                                     | Below Average<br>Bottom 25% | N/A; Not<br>Observed |
| Intellectual ability  |                    |                      |                          |   |                             |                      |
| Career commitment to public health  |                    |                      |                          |   |                             |                      |
| Interest in the 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   |                    |                      |                          |   |                             |                      |
| For Physicians: Desire for board certification in preventive medicine   |                    |                      |                          |   |                             |                      |
| May we contact you regarding this evaluation?   |                    |                      |                          | <i>Thank you for assisting our selection committee.</i> |                             |                      |
| Signature   |                    |                      |                          | Date  |                             |                      |

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| <b>NUMBER: PMRF-FM-048</b> | <b>UNCONTROLLED WHEN PRINTED</b> | <b>OWNER: Program Coordinator</b>    |
| <b>VERSION: 005</b>        |                                  | <b>PROCESS: Application</b>          |
| <b>DATE: 12/22/2016</b>    | <b>Page 1 of 1</b>               | <b>APPROVED BY: Program Director</b> |