

**Reference Letter Instructions and Template
Preventive Medicine Residency and Fellowship (PMR/F)
Centers for Disease Control and Prevention
1600 Clifton Road, MS E-92, Atlanta, GA 30333**

To The Applicant: After supplying the information indicated below, give this document to your immediate supervisor and another person familiar with your work in public health.

APPLICANT'S LAST NAME FIRST MIDDLE

Under the provision of the Family Educational Rights and Privacy Act of 1974, you may decide whether letters of recommendation written at your request are to be held confidential or whether they are to be available for your personal inspection. Please check one of the following statements and sign as indicated.

I expressly waive any rights I might have of access to this letter of recommendation under the Family Educational Rights Act of 1974, or any other law, regulation, or policy.

I do not agree to the waiver above.

SIGNATURE (APPLICANT)

DATE

To The Evaluator: The above named individual is applying for admission to the Preventive Medicine Residency or Fellowship at CDC. The PMR/F is designed to prepare physicians and veterinarians for future leadership roles in public health at federal, state, and local levels. Participants in the program 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 veterinarians 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.

AFTER COMPLETING THIS DOCUMENT, PLEASE RETURN IT TO THE PREVENTIVE MEDICINE RESIDENCY AND FELLOWSHIP AT THE ADDRESS ABOVE.

NAME (EVALUATOR)

TITLE

OCCUPATION

TELEPHONE #

ORGANIZATION

ADDRESS

1. How long have you known the applicant? _____

2. What is your relationship to the applicant (employer, immediate supervisor, secondary supervisor)?

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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?

5. Compared with other CDC physicians/veterinarians, or other public health physicians/veterinarians (note referent group below) you have known, please indicate your evaluation of the applicant in the categories listed at the left by a mark in the appropriate column.

Referent group: _____

Categories Observed	Superior Top 2 %	Excellent Top 10%	Above- Average Top 25%	Average 25-75%	Below Average Bottom 25%	Not Observed
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						

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Narrative Statement: Please provide a narrative statement in an attached letter which includes 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 applicant's suitability for this program.

- Recommend **very strongly** that he/she be admitted to PMR/F
- Recommend **strongly** that he/she be admitted to PMR/F
- Recommend that he/she be admitted to PMR/F
- Recommend **with reservation** that he/she be admitted to PMR/F
- Do not** recommend that he/she be admitted to PMR/F

Thank you for assisting our committee.

May we contact you regarding this evaluation? ____ Yes ____ No

Signature: _____ Date: _____