

THE 2005-2006 PRAT PROGRAM – OVERVIEW

The National Institute of General Medical Sciences (NIGMS) established the Pharmacology Research Associate (PRAT) Program in 1965 to develop leaders in pharmacological research for key positions in academic, industrial, and Federal research laboratories.

The PRAT Program is open to individuals with a Ph.D. degree in pharmacology or a related basic science, and to those with professional degrees such as the M.D., D.D.S., D.O., D.V.M., or Pharm.D. It is intended for those with backgrounds in the basic sciences or clinical fields who wish to acquire specialized training in the pharmacological sciences, or for those who have made a commitment to pharmacology through prior training or research to gain experience in new fields.

Specialized clinical and laboratory training in the pharmacological sciences is offered for medically qualified individuals through the NIH Clinical Pharmacology Research Associate (ClinPRAT) Program. Details regarding this program can be found at <http://clinicalcenter.nih.gov/researchers/training/clinprat.shtml>.

RESEARCH OPPORTUNITIES

PRAT Fellows may conduct postdoctoral research in one of the laboratories of the National Institutes of Health (NIH) or the Food and Drug Administration (FDA). Research opportunities in pharmacology are broadly defined and can include, for example, molecular pharmacology, biochemistry, signal transduction mechanisms, drug metabolism, immunopharmacology, chemistry and drug design, endocrinology, cell biology, structural biology, neuroscience, gene therapy, or clinical pharmacology.

PRAT Fellows devote the majority of their time to laboratory research in the biomedical sciences. Additionally, they participate in a PRAT Seminar Series/Discussion Group. Fellows with a professional degree have no formal clinical responsibilities.

PRECEPTORS

Professional growth is stimulated through guidance by scientists at the NIH or FDA who serve as preceptors. Preceptors are chosen by mutual agreement between the candidate and the mentor scientist in advance of the application process. The choice of a specific preceptor and laboratory depends upon the candidate's previous training and career plans, and their research interests.

The candidate should seek a preceptor with whom to apply to the PRAT Program by contacting eligible NIH scientists and considering the research opportunities available and their willingness to serve as a mentor.

Intramural NIH scientists and their research projects can be found at <http://www.training.nih.gov/postdoctoral/search.asp>.

APPOINTMENTS

Candidates must be U.S. citizens or permanent residents of the United States who have been awarded a doctoral degree, or who have been certified by a university as meeting all the requirements leading to a doctorate. The degree must be in a biomedical or related science and must have been received within five years preceding the date of application. Candidates with a professional degree or certification are eligible to apply for entry into the Public Health Service as commissioned officers.

Appointments for PRAT Fellows will be made through NIGMS and may be made for up to three years. Successful applicants will first enter as fellows of the Intramural Research Training Award (IRTA) Program sponsored by NIGMS. After the first year, individuals will become full time employees (FTEs) of NIGMS. NIGMS makes positions available for PRAT Fellows beginning in October of each year. Earlier start dates via other mechanisms may be negotiated individually by a fellow with the respective host laboratory, following acceptance into the PRAT Program.

The stipend is determined by the candidate's educational and professional experience. The minimum starting salary level is \$48,500 and may be greater depending on the candidate's experience. In addition, there is a monthly supply budget of \$200, which includes an annual travel allowance of \$1,000.

Successful applicants may apply for the Loan Repayment Program for NIH employees (<http://www.lrp.nih.gov/about/intramural>). Successful applicants who are interested in doing AIDS-related research may qualify for the AIDS Loan Repayment Program (<http://www.lrp.nih.gov/about/intramural/intro.htm#AIDS>).

APPLICATIONS

Additional information and application forms can be obtained by contacting:

PRAT Program Assistant
National Institute of General
Medical Sciences
National Institutes of Health
Room 2AS-43D, MSC 6200
45 Center Drive
Bethesda, MD 20892-6200

Telephone: (301) 594-3583

Fax: (301) 480-2802

E-mail: PRAT@NIGMS.NIH.GOV

Internet Site: http://www.nigms.nih.gov/about_nigms/prat.html

Applicants should submit the materials on the forms provided in the application kit. **Completed applications must be received by Friday, December 16 (Close Of Business, COB), 2005 for appointments beginning in October of the following year.** Applicants may apply prior to coming to NIH or FDA, or they may have started postdoctoral research at NIH or FDA within the 12-month period prior to the application receipt deadline. Preceptors may sponsor only one application per year. Completed applications should be submitted to the address above. Applications may also be submitted as email attachments to PRAT@NIGMS.NIH.GOV.

SELECTION

Each candidate's qualifications will be evaluated by the PRAT Selections Committee. Selection is made on a highly competitive basis, with preference given to applicants with outstanding leadership potential. Considerations include intellectual attainment, demonstrated research interest, and research accomplishments. The credentials of the preceptor will be considered, as well as the scientific merit of the research plan, and the significance to the field of pharmacology. Emphasis will be placed on the value of the research experience relative to the candidate's training and career goals, and the appropriateness of the choice of mentor.

DISCRIMINATION PROHIBITED

Under provisions of applicable public laws enacted by Congress since 1964, no person in the United States shall, on the grounds of race, color, national origin, handicap, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity (or, on the basis of sex, with respect to any education program or activity) receiving Federal financial assistance. In addition, Executive Order 11141 prohibits discrimination on the basis of age by contractors and subcontractors in the performance of Federal contracts, and Executive Order 11246 states that no federally funded contractor may discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin. Therefore, the programs of the National Institute of General Medical Sciences must be operated in compliance with these laws and Executive Orders.



National Institutes of Health
National Institute of
General Medical Sciences
Bethesda, Maryland 20892-6200
<http://www.nih.gov/nigms/>

Dear Applicant:

We are pleased to learn of your interest in the Pharmacology Research Associate (PRAT) Program. Enclosed are the application materials. In order to be considered for the PRAT Program, you must complete and return the following items by Friday, December 16 (COB), 2005:

1. Application for the PRAT Program
2. Preceptor Selection Verification Form
3. Three Evaluation of Applicant forms
4. Official copies of graduate and undergraduate transcripts
5. Biographical sketch for the applicant (please include email address, if possible)
6. Biographical sketch for the preceptor
7. Three copies of publications (optional)

The PRAT Program requires that a preceptor be selected in advance of the application process. It is the applicant's responsibility to identify and contact the potential preceptor, and to develop a research proposal with their preceptor. A research plan should be prepared that matches the abilities and interests of the candidate with the opportunities for mentorship that the preceptor can provide. Descriptions of NIH research labs and projects can be found at <http://www.training.nih.gov/postdoctoral/search.asp>.

On the Application for the PRAT Program, questions 11 and 12 on page two need detailed answers. The Selection Panel will be looking for your research plan and how the research experience will contribute to pharmacology. See the attachment to the application form for directions and page limits for these questions. Additionally, please provide complete information in response to questions 6b and 6c. This is to help the Selection Panel determine what you will be doing from the time of receipt of your doctorate degree until the expected start date of the PRAT appointment.

There is a Preceptor Selection Verification Form that must be signed and returned by your preceptor of choice, acknowledging that he/she has read and approved your research plan. Additionally, potential preceptors must provide information on their experience training fellows in their laboratory.

Each of your three references must complete and return the enclosed Requests for Evaluation of Applicant (be sure to write your name on these forms before giving them to your evaluator). It is essential that the reviewers have all three recommendations in order to evaluate the application. Your references may also submit a letter along with the recommendation form, **but the form must be sent**. The potential preceptor cannot be a reference.

Page 2 - PRAT Program Cover Letter

Have one official copy of academic transcripts from both graduate and undergraduate schools sent directly from the institution. These should be mailed to:

PRAT Program Assistant
NIGMS, NIH
Room 2AS-43D
45 Center Drive, MSC 6200
Bethesda, Maryland 20892-6200

Current biographical sketches must be completed for both the applicant and the preceptor. *Applicant and Preceptor Biographical Sketch forms are provided.* In lieu of completing the biographical sketch form included in this application packet, the applicant and/or preceptor may submit curriculum vitae which contain the requested information.

Submission of three copies of reprints and/or preprints is optional, but the reviewers do use them as a part of the evaluation process. Please submit only manuscripts that have been accepted, and are published or in press.

The deadline for completed applications, including transcripts and recommendations, is Friday, December 16 (COB), 2005. You may check with this office prior to the deadline to ensure that all of your application materials have arrived. It is anticipated that the selection process will take place in March 2005, and that the notification process will begin in April 2005.

The PRAT Fellowships begin in October, 2005; however, earlier start dates via other mechanisms may be negotiated individually by a fellow with the host laboratory, following acceptance into the PRAT Program. *Applicants may apply prior to coming to NIH or FDA, or they may have started postdoctoral research at NIH or FDA within the 12-month period prior to the application receipt deadline.*

You must be a U.S. citizen or a permanent resident to apply for this program. Information on other research and clinical fellowship opportunities at the NIH is available from the NIH Office of Education, National Institutes of Health, Building 10, Room 1C-129, Bethesda, Maryland, 20892, (301) 496-2427.

If you have any further questions about the PRAT Program, please contact us at (301) 594-3583.

Sincerely yours,

Pamela A. Marino, Ph.D.
PRAT Program Co-Director

Richard T. Okita, Ph.D.
PRAT Program Co-Director

Enclosures

U.S. Department of Health and Human Services
Public Health Service – National Institutes of Health

Application for Pharmacology Research Associate Training (PRAT) Program

Please type or print clearly in black ink

1. Full Name (<i>Last name, First name, middle</i>)	2. For assignment beginning (<i>year</i>)	3. Social Security No.
4. Present Home Address (<i>Street address, city, state, zip code</i>)	5. Phone Number (<i>including area code</i>) Home: Work:	

6. EDUCATION AND PROFESSIONAL TRAINING											
a. Undergraduate and Graduate NAMES OF ALL UNIVERSITIES, COLLEGES OR PROFESSIONAL SCHOOLS ATTENDED	LOCATION (<i>City, State</i>)	MAJOR	DATES ATTENDED				DEGREE	Degree Requirements Fulfilled		Conferred or to be conferred	
			FROM		TO			MO.	YR.	MO.	YR.
			MO.	YR.	MO.	YR.					
b. Other Postdoctoral Fellowships, Training, or Specialized Training											
c. Professional Positions Held or Expected Prior to Duty at NIH											

7. Membership in Honorary Societies

Phi Beta Kappa Omicron Kappa Upsilon
 Alpha Omega Alpha Other (specify):

8. References
Please list below names and addresses of three physicians and/or basic scientists closely associated with your professional career who can evaluate your clinical and research capabilities. You are responsible for requesting them to complete the enclosed evaluation forms.

NAME	ADDRESS
(1)	
(2)	
(3)	

Public reporting burden for this collection of information is estimated to average 105 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, ME 20892-7974., ATTN: PRA (0925-0378). Do not return the completed form to this address.

Application for Pharmacology Research Associate Training (PRAT) Program

(Continued)

9. Previous Research or Laboratory Experience

DATE	TIME SPENT	DIRECTED BY	RESEARCH PROBLEM

10. PUBLICATIONS *(Use additional sheet if necessary.)*

11. Type of career planned; research; academic objectives

12. What special training or experience do you seek at NIH?

13. Citizen of what country?

U.S.

Other:

14. If other than U.S. citizen, visa status:

15. I certify that the above information is accurate.

Signature:

Date

**ATTACHMENT TO APPLICATION FOR THE
PHARMACOLOGY RESEARCH ASSOCIATE (PRAT) PROGRAM**

Use the attached application form (NIH 2721-1), and be sure to provide the following information in response to these two questions listed on that form. You should attach extra blank pages to continue the application.

Question 11. (Type of career planned, research, academic objectives) - Provide your research plan. Give short statements and use the following format:

1. Hypothesis/Specific Aims
2. Background and Significance
3. Research Design and Methods
4. Possible Outcomes/Alternative Approaches

(These sections should not exceed 3 pages total.)

Question 12. (What special training or experience do you seek at NIH?) - How will this experience relate to pharmacology? Give a short statement of the significance of your training and the proposed research, and how it will prepare you to contribute to or advance the field of pharmacology.

(This answer should not exceed 1 page.)

The applicant should discuss his/her plans and prepare these sections in consultation with their PRAT preceptor. While collaboration with the sponsor is important, the responses should be written by the applicant. Provide sufficient detail in order to be evaluated for scientific merit and for training potential. Applications submitted without the preceptor's prior approval will not be accepted.

RETURN THIS SHEET WITH YOUR COMPLETED APPLICATION FORM

Please provide the following information:

How did you learn of the PRAT Program?

- Poster
- Preceptor
- Fact Sheet
- Electronic Bulletin Board
- Other (please specify):

PRECEPTOR SELECTION VERIFICATION FORM

FELLOW:

PRECEPTOR:

INSTITUTE:

NIH ADDRESS:

NIH TELEPHONE:

I. DOCUMENTATION OF RESOURCES

Prior approval is no longer required to sponsor a fellow for application to the PRAT Postdoctoral Fellowship Program. Additionally, tenure-track scientists are now allowed to sponsor PRAT Fellow applications.

While preceptor pre-applications have been discontinued, the prospective mentor's credentials will continue to be examined as part of the joint application process. *It is required that prospective preceptors supply a memo of recommendation from the Laboratory/Branch Chief, through the Intramural Scientific Director, incorporating information arising from the most recent Board of Scientific Counselors' review assuring the prospective preceptor's future independent access to sufficient laboratory space and resources to serve as a mentor.*

II. DOCUMENTATION OF TRAINING EXPERIENCE

Please provide a listing of the fellows who were trained in your laboratory in the last 5 years. Use the following format for your listing:

Name of Fellow	Dates Trained	Present Position	Were You Official Supervisor of Record?
-----------------------	--------------------------	-------------------------	--

(continue on blank page, as necessary)

III. SIGNATURE OF CONSENT

By my signature, I indicate that I intend to personally sponsor this fellow, if he/she is accepted into the PRAT Program, and that I will provide regular guidance and mentorship, as well as access to suitable laboratory space and resources. I have read and I approve of the fellow's proposed research plan. I understand that I can sponsor only one PRAT application per year. I agree to submit my biographical sketch as part of the application process.

Signature of Preceptor:

Typed Name of Preceptor:

FAX or email this form to:

**PRAT PROGRAM ASSISTANT
(301) 480-2802
PRAT@NIGMS.NIH.GOV**

PRECEPTOR BIOGRAPHICAL SKETCH

NAME	POSITION TITLE
------	----------------

EDUCATION/TRAINING (Beginning with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training).

INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR	FIELD OF STUDY

RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with present position list, in chronological order, previous employment, experience, and honors. Include present membership on any Federal Government public advisory committee. List, in chronological order, the titles, all authors, and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. If the list of publications in the last three years exceeds four pages, select the most pertinent publications. **DO NOT EXCEED FOUR PAGES.**

APPLICANT BIOGRAPHICAL SKETCH
Photocopy this page or follow this format for each person.

NAME	POSITION TITLE
------	----------------

EDUCATION/TRAINING (Beginning with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training).

INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR	FIELD OF STUDY

RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with present position list, in chronological order, previous employment, experience, and honors. Include present membership on any Federal Government public advisory committee. List, in chronological order, the titles, all authors, and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. If the list of publications in the last three years exceeds four pages, select the most pertinent publications. **DO NOT EXCEED FOUR PAGES.**

Dear Evaluator:

Your recommendation is sought for an applicant to the Pharmacology Research Associate (PRAT) Program of the National Institute of General Medical Sciences. In selecting candidates, reviewers depend greatly upon advice from people who have been associated with the applicant. Therefore, we are asking you to provide information on the enclosed form (NIH 2721-2). Individuals selected for this highly competitive program should have both meritorious scientific qualifications and outstanding personal character. Your frank evaluation will be valuable in determining the applicant's suitability for this program.

It is strongly encouraged to provide an additional letter. More detailed information on the applicant can be extremely helpful in the selection process. Under the provisions of the Privacy Act, the information you provide may be disclosed to the applicant upon request. If there is significant information which you feel you cannot provide without a pledge of confidentiality, please feel free to contact either one of us by telephone at (301) 594-3583.

We must receive the mailed materials by Friday, December 16 (COB), 2005. Please send to:

PRAT Program Assistant
NIGMS, NIH _____
Room 2AS-43D
45 Center Drive, MSC 6200
Bethesda, Maryland 20892-6200

Alternatively, you may transmit this to us by email as an attached file to PRAT@NIGMS.NIH.GOV or by FAX at (301) 480-2802.

Sincerely yours,

Pamela A. Marino, Ph.D.
PRAT Program Co-Director

Richard T. Okita, Ph.D.
PRAT Program Co-Director

Enclosure

U.S. Department of Health and Human Services
Public Health Service – National Institutes of Health

Pharmacology Research Associate Training (PRAT) Program

Request for Evaluation of Applicant

Instructions: Type or print clearly in black ink. This form MUST be received by January 13 (COB), 2006 This form is NOT CONFIDENTIAL	Name of Applicant (<i>Last, first, middle</i>)
--	--

1. What is your estimation of the candidate's motivation and potential for research? <input type="checkbox"/> Best you've ever seen <input type="checkbox"/> Among the upper third <input type="checkbox"/> Among the top few <input type="checkbox"/> Average <input type="checkbox"/> Among the top 5-10% <input type="checkbox"/> Below Average	<i>Comments:</i>
---	------------------

2. How apt a scholar is the applicant? Consider such things as class standing, grades, scholarship honors, special honors, special training or any other factors known to you which you deem pertinent. <input type="checkbox"/> Best you've ever seen <input type="checkbox"/> Among the upper third <input type="checkbox"/> Among the top few <input type="checkbox"/> Average <input type="checkbox"/> Among the top 5-10% <input type="checkbox"/> Below Average Class standing, if known to you Do you think the applicant's class standing accurately reflects scholastic abilities in the disciplines particularly pertinent to biological research?	<i>Comments:</i>
---	------------------

3. Please grade the candidate with respect to the qualities set forth in the table below. (<i>For each quality, check one rating</i>)							
QUALITY	NO BASIS FOR JUDGEMENT	BEST YOU'VE EVER SEEN	TOP FEW	UPPER 10%	UPPER THIRD	AVERAGE	BELOW AVERAGE
a. Initiative							
b. Sustained hard work							
c. Rapport with preceptors							
d. Rapport with co-workers							

4. What are the main strengths and assets which this applicant would have as an NIH Pharmacology Research Associate?

5. What are the defects or weaknesses which in your judgment might limit applicant's effectiveness as an NIH Pharmacology Research Associate?

6. How long have you known this applicant?	7. Additional information, in the form of a letter, would be helpful.
--	---

8. Recommendation: Highly Qualified and competent Reservation Not Recommended

Name of Evaluator	Position		
University, Medical School or Hospital (name and mailing address)	Office Phone No. (area code, number, and extension)		
	Evaluator's Signature	Date	

Public reporting burden for this collection of information is estimated to average 105 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, MSC 7974, Bethesda, ME 20892-7974., ATTN: PRA (0925-0378). Do not return the completed form to this address.

Dear Evaluator:

Your recommendation is sought for an applicant to the Pharmacology Research Associate (PRAT) Program of the National Institute of General Medical Sciences. In selecting candidates, reviewers depend greatly upon advice from people who have been associated with the applicant. Therefore, we are asking you to provide information on the enclosed form (NIH 2721-2). Individuals selected for this highly competitive program should have both meritorious scientific qualifications and outstanding personal character. Your frank evaluation will be valuable in determining the applicant's suitability for this program.

It is strongly encouraged to provide an additional letter. More detailed information on the applicant can be extremely helpful in the selection process. Under the provisions of the Privacy Act, the information you provide may be disclosed to the applicant upon request. If there is significant information which you feel you cannot provide without a pledge of confidentiality, please feel free to contact either one of us by telephone at (301) 594-3583.

We must receive the mailed materials by Friday, December 16 (COB), 2005. Please send to:

PRAT Program Assistant
NIGMS, NIH
Room 2AS-43D
45 Center Drive, MSC 6200
Bethesda, Maryland 20892-6200

Alternatively, you may transmit this to us by email as an attached file to PRAT@NIGMS.NIH.GOV or by FAX at (301) 480-2802.

Sincerely yours,

Pamela A. Marino, Ph.D.
PRAT Program Co-Director

Richard T. Okita, Ph.D.
PRAT Program Co-Director

Enclosure

U.S. Department of Health and Human Services
Public Health Service – National Institutes of Health

Pharmacology Research Associate Training (PRAT) Program

Request for Evaluation of Applicant

Instructions: Type or print clearly in black ink. This form MUST be received by January 13 (COB), 2006 This form is NOT CONFIDENTIAL	Name of Applicant (<i>Last, first, middle</i>)
--	--

1. What is your estimation of the candidate's motivation and potential for research? *Comments:*

Best you've ever seen Among the upper third
 Among the top few Average
 Among the top 5-10% Below Average

2. How apt a scholar is the applicant? Consider such things as class standing, grades, scholarship honors, special honors, special training or any other factors known to you which you deem pertinent. *Comments:*

Best you've ever seen Among the upper third
 Among the top few Average
 Among the top 5-10% Below Average

Class standing, if known to you

Do you think the applicant's class standing accurately reflects scholastic abilities in the disciplines particularly pertinent to biological research? *Comments:*

Yes
 No

3. Please grade the candidate with respect to the qualities set forth in the table below. (*For each quality, check one rating*)

QUALITY	NO BASIS FOR JUDGEMENT	BEST YOU'VE EVER SEEN	TOP FEW	UPPER 10%	UPPER THIRD	AVERAGE	BELOW AVERAGE
a. Initiative							
b. Sustained hard work							
c. Rapport with preceptors							
d. Rapport with co-workers							

4. What are the main strengths and assets which this applicant would have as an NIH Pharmacology Research Associate?

5. What are the defects or weaknesses which in your judgment might limit applicant's effectiveness as an NIH Pharmacology Research Associate?

6. How long have you known this applicant?	7. Additional information, in the form of a letter, would be helpful.
--	---

8. Recommendation: Highly Qualified and competent Reservation Not Recommended

Name of Evaluator	Position	
University, Medical School or Hospital (name and mailing address)	Office Phone No. (area code, number, and extension)	
	Evaluator's Signature	Date

Public reporting burden for this collection of information is estimated to average 105 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, MSC 7974, Bethesda, ME 20892-7974., ATTN: PRA (0925-0378). Do not return the completed form to this address.

Dear Evaluator:

Your recommendation is sought for an applicant to the Pharmacology Research Associate (PRAT) Program of the National Institute of General Medical Sciences. In selecting candidates, reviewers depend greatly upon advice from people who have been associated with the applicant. Therefore, we are asking you to provide information on the enclosed form (NIH 2721-2). Individuals selected for this highly competitive program should have both meritorious scientific qualifications and outstanding personal character. Your frank evaluation will be valuable in determining the applicant's suitability for this program.

It is strongly encouraged to provide an additional letter. More detailed information on the applicant can be extremely helpful in the selection process. Under the provisions of the Privacy Act, the information you provide may be disclosed to the applicant upon request. If there is significant information which you feel you cannot provide without a pledge of confidentiality, please feel free to contact either one of us by telephone at (301) 594-3583.

We must receive the mailed materials by Friday, December 16 (COB), 2005. Please send to:

PRAT Program Assistant
NIGMS, NIH
Room 2AS-43D
45 Center Drive, MSC 6200
Bethesda, Maryland 20892-6200

Alternatively, you may transmit this to us by email as an attached file to PRAT@NIGMS.NIH.GOV or by FAX at (301) 480-2802.

Sincerely yours,

Pamela A. Marino, Ph.D.
PRAT Program Co-Director

Richard T. Okita, Ph.D.
PRAT Program Co-Director

Enclosure

U.S. Department of Health and Human Services
Public Health Service – National Institutes of Health

Pharmacology Research Associate Training (PRAT) Program

Request for Evaluation of Applicant

Instructions: Type or print clearly in black ink. This form MUST be received by January 13 (COB), 2006 This form is NOT CONFIDENTIAL	Name of Applicant (<i>Last, first, middle</i>)
--	--

1. What is your estimation of the candidate's motivation and potential for research? *Comments:*

Best you've ever seen Among the upper third
 Among the top few Average
 Among the top 5-10% Below Average

2. How apt a scholar is the applicant? Consider such things as class standing, grades, scholarship honors, special honors, special training or any other factors known to you which you deem pertinent. *Comments:*

Best you've ever seen Among the upper third
 Among the top few Average
 Among the top 5-10% Below Average

Class standing, if known to you

Do you think the applicant's class standing accurately reflects scholastic abilities in the disciplines particularly pertinent to biological research? *Comments:*

Yes
 No

3. Please grade the candidate with respect to the qualities set forth in the table below. (*For each quality, check one rating*)

QUALITY	NO BASIS FOR JUDGEMENT	BEST YOU'VE EVER SEEN	TOP FEW	UPPER 10%	UPPER THIRD	AVERAGE	BELOW AVERAGE
a. Initiative							
b. Sustained hard work							
c. Rapport with preceptors							
d. Rapport with co-workers							

4. What are the main strengths and assets which this applicant would have as an NIH Pharmacology Research Associate?

5. What are the defects or weaknesses which in your judgment might limit applicant's effectiveness as an NIH Pharmacology Research Associate?

6. How long have you known this applicant?	7. Additional information, in the form of a letter, would be helpful.
--	---

8. Recommendation: Highly Qualified and competent Reservation Not Recommended

Name of Evaluator	Position	
University, Medical School or Hospital (name and mailing address)	Office Phone No. (area code, number, and extension)	
	Evaluator's Signature	Date

Public reporting burden for this collection of information is estimated to average 105 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, MSC 7974, Bethesda, ME 20892-7974., ATTN: PRA (0925-0378). Do not return the completed form to this address.

Privacy Act Notice

The Privacy Act (Public Law 93-579) requires every Federal Agency to inform each individual why personal information is requested and how it will be used.

The National Institutes of Health conducts research by authority of the U. S. Congress, Section 301 of the Public Health Act (42 U.S. Code 241). The information you are asked to supply on the enclosed forms will be used in evaluating your qualifications for employment to participate as a Pharmacology Research Associate in NIH research activities. The information will not be disclosed, without your prior written consent, to anyone who is not an employee of the Department of Health and Human Services.

On form NIH-106-1, you are asked to give your social security number. You need not give it to be considered for a Fellowship. However, it will be required to implement your employment if you are offered and accept an appointment either as a commissioned officer (43 U.S. Code 209) or as a civilian research associate. (Executive Order 9397, November 22, 1943).