



RE: _____
(Applicant Name)

Dear Colleague:

The person identified above has applied to the Preventive Medicine Residency and Fellowship (PMR/F) at the Centers for Disease Control and Prevention and indicated that you will be writing a letter of recommendation for his/her application. The Residency is a 12- or 24-month program accredited by the Accreditation Council for Graduate Medical Education (ACGME) and meets the residency requirement of the American Board of Preventive Medicine (ABPM) for the Public Health and General Preventive Medicine specialty. The Fellowship is a 12-month program similar to PMR intended for clinicians and for physicians who do not meet eligibility criteria for the Residency. We ask that you fill out both a formal evaluation using the enclosed form (PMRF-FM-048 Letter of Reference Evaluation Form). In addition, we ask that you write a narrative statement in a separate letter on your organization's letterhead that is dated within the last 12 months and has your signature that addresses the following criteria:

- How long you have known the candidate and in what capacity
- Professional performance as an employee, trainee, or associate
- What the applicants strengths are in regard to public health and preventive medicine
- What areas the applicant needs to develop in
- The applicant's work ethic, flexibility, adaptability, and interpersonal skills
- Why the applicant should be accepted into the PMR/F program

Any other information you would like to pass along in regard to the applicant's qualifications, need for training, or anticipated performance in the CDC PMR/F would be appreciated. We would appreciate a frank and objective evaluation of the applicant. Your prompt response is appreciated.

Submission

For this person to be considered for PMR, your letter of recommendation must be electronically received by July 30th. Uploaded letters will receive electronic notification of receipt; applicants may check receipt through the on-line application but they will not be able to see the content of the letter. No exceptions will be granted to applicants if supporting materials are not received by the deadline.

You will receive a confirmation of upload. Applicants may check receipt through the on-line application but they will not be able to see the content of the letter.

No exceptions will be granted to applicants if recommendation letters are not received by the deadline.

Sincerely,

Antonio J. Neri, MD, MPH
CDR, USPHS
Director, Preventive Medicine Residency and Fellowship
Centers for Disease Control and Prevention

Reference Letter Instructions
Preventive Medicine Residency and Fellowship (PMR/ F)

To Be Completed by Evaluator

The above named individual is applying for admission to the Preventive Medicine Residency or Fellowship (PMR/F) at CDC. The PMR/F programs are designed to prepare clinicians 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 clinicians 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.

Name (Evaluator)	Title
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Occupation	Phone #
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Organization	Address
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1. How long have you known the applicant? _____

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

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?

Reference Letter Instructions
Preventive Medicine Residency and Fellowship (PMR/ F)

5. 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 Top 2 %	Excellent Top 10%	Above Average Top 25%	Average 25–75%	Below Average Bottom 25%	Not Observed
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career commitment to public health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in specialty of preventive medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to complete work on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently without close supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to balance program and personal needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desire for board certification in preventive medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Narrative Statement:

Please provide a narrative statement in an attached letter including 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 your opinion as to whether the applicant should be admitted to the PMR/F

- ☐ Recommend **very strongly**
☐ Recommend **strongly**
☐ Recommend
☐ Recommend **with reservation**
☐ **Do not** recommend

Thank you for assisting our committee.

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

Signature: _____ Date: _____