

**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**

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***To Be Completed by Applicant***

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

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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.

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Signature (Applicant)

Date

***To Be Completed by Evaluator***

The above named individual is applying for admission to the Preventive Medicine Residency or Fellowship 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.

**AFTER COMPLETING THE LETTER OF REFERENCE, PLEASE RETURN IT TO PMR/F AT THE ADDRESS ABOVE. We strongly advise that you submit your letter of reference as early as possible to account for possible mail delays.**

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Name (Evaluator)

Title

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Occupation

Phone #

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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?

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4. Does the applicant have any particular areas in need of improvement in the context of their professional activities?

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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: \_\_\_\_\_

<b>Categories Observed</b>	<b>Superior Top 2 %</b>	<b>Excellent Top 10%</b>	<b>Above Average Top 25%</b>	<b>Average 25–75%</b>	<b>Below Average Bottom 25%</b>	<b>Not Observed</b>
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*** 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: \_\_\_\_\_