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

Pharmacology Research Associate Program
Request for Evaluation of Applicant

Dear Evaluator:

Your recommendation is sought for an applicant to the Pharmacology Research Associate 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 *December 18, 2009*. Please send to:

> PRAT Program Assistant
> NIGMS, NIH
> Room 2AS-43D
> 45 Center Drive, MSC 6200
> Bethesda, MD, 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.   Richard T. Okita, Ph.D.
PRAT Program Co-Director   PRAT Program Co-Director

U.S. Department of Health and Human Services
Public Health Service - National Institutes of Health
Pharmacology Research Associate Program
Request for Evaluation of Applicant

Instructions:
This form MUST be received by COB December 18, 2009.
This form is NOT CONFIDENTIAL.
Additional information, in the form of a letter, would be helpful.

Name of Applicant

Last: _____   *First:* _____

MI: _____

Comments:

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

○ 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

○ N/A

3. Please grade the candidate with respect to the qualities set forth in the table below.

Quality	No Basis for Judgment	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	○	○	○	○	○	○	○

NIH 2721-2 (8/04) Front

4. What are the main strengths and assets which this applicant possesses?

5. What are the defects or weaknesses which in your judgment might limit applicant's effectiveness?

6. How long have you known this applicant? _____

7. Recommendation: ◯ Highly ◯ Qualified and Competent ◯ Reservation ◯ Not Recommended

Name of Evaluator _____ Position _____

University, Medical School or Hospital (name and mailing address) Office Phone No. _____

Evaluator's Signature _____ Date _____