

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

**Postdoctoral Research Associate Program
Request for Evaluation of Applicant**

Dear Evaluator:

Your recommendation is sought for an applicant to the Postdoctoral 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 February 27, 2013. 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.
PRAT Program Co-Director

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

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

Instructions:
This form MUST be received by COB February 27, 2013.
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.

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

Comments:

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?

- Yes
 No
 N/A

Comments:

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Sustained hard work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Rapport with preceptors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Rapport with co-workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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, MD 20892-7974., ATTN: PRA (0925-0378). Do not return the completed form to this address.

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 _____

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