



OMB No. 0925-0361

Form Approved for use through X/X/X

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## Recommendation

**NIH 2674-13**

LRP Tracking Code:

**Important:** Please note that the applicant **did not waive** future access to this information. Therefore, the information you provide **cannot be protected from disclosure**.

**Important:** Please note that the applicant **waived** future access to this information. Therefore, the information you provide **shall be held in confidence and protected from disclosure by officials of the NIH Loan Repayment Programs according to Privacy Act System of Records #09-25-0165**.

### Section 1 - Applicant Information

Name:

Applicant's Organization:

Loan Repayment Program (LRP)

Applied For:

### Section 2 - Recommendation

**Notice:** This page will automatically log you off after 30 minutes, even if you are actively entering information into the form, unless you click Save and Continue or Submit button. The 30 minute time-out resets each time you click the Save and Continue button. Please periodically click SAVE & CONTINUE in order to not lose work in progress.

**Instructions:** All fields on this form are required and all text fields have size limits. You may elect to cut and paste text from another document into the text fields.

If you have no further information to add to a question, please indicate "No Comment" or "N/A".

#### Relationship to Applicant

In what capacity do you know the applicant?

*(Please limit your response to 100 characters or less.)*

How long have you known the applicant?

*(Please limit your response to 50 characters or less.)*

#### Rating of Applicant

Select the rating that best indicates your assessment of the applicant in relation to his/her peers.

Previous training and experience to prepare for a pediatric* research career:	1 (Outstanding)	2	3	4	5	6	7 (Poor)	(Don't Know)
Career goals and plans to achieve these goals:	1 (Outstanding)	2	3	4	5	6	7 (Poor)	(Don't Know)
Commitment to a career in pediatric* research:	1 (Outstanding)	2	3	4	5	6	7 (Poor)	(Don't Know)
Potential for a career in pediatric* research:	1 (Outstanding)	2	3	4	5	6	7 (Poor)	(Don't Know)
Likelihood to become an independent researcher:	1 (Outstanding)	2	3	4	5	6	7 (Poor)	(Don't Know)
Potential for success in research or academic medicine:	1 (Outstanding)	2	3	4	5	6	7 (Poor)	(Don't Know)

### Overall Assessment of Applicant

What are the main strengths and assets that the applicant brings to his/her research environment?

**Text hidden if Renewal:** What are the weaknesses that might limit the applicant's effectiveness in conducting research (basic science or pediatric\* research)? *(Please limit your response to 2500 characters (approximately 1/2 page) or less.)*

**Text hidden if New:** Assess the applicant's accomplishments over the past two years and what advantages will be conferred by an additional year of continued research experience? *(Please limit your response to 2500 characters (approximately 1/2 page) or less.)*

What is your overall recommendation for the applicant? 1 (High) 2 3 4 5 6 7 (Do Not Recommend)

*(Please limit your response to 2500 characters (approximately 1/2 page) or less.)*

\*text changes based on LRP

### Section 3 - Recommenders Certification

I certify that the statements herein are true, accurate and complete.

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, Attention: PRA 0925-0361. Do not return the completed form to this address.

NIH Form 2674-13

[Privacy Act 09-25-0165](#)

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