

NIH REFERENCE CENTER

FOR LETTER OF RECOMMENDATION SUBMISSION

Dr. ██████████

If you have composed your letter of recommendation for ██████████ application to the ██████████ and are ready to submit it now, press the 'Continue' button. If not, we recommend that you compose your letter offline and return later to submit it.

Please proceed only if you plan to submit the recommendation now.

[Continue](#)

Support

Are you having trouble signing in? Request new [access codes](#).

Security Guidelines

As a reference, you are responsible for maintaining the privacy and confidentiality of this account, including your access codes. By using this system you agree to [notify us](#) immediately of any unauthorized use of your account or suspected breach of security.

For privacy and security reasons, access codes are valid for one session only. You will need to use a new code for each session.

To keep your activity secure, please follow these tips:

- Do not share access codes or email notifications with applicants or anyone else.
- If you suspect that someone has accessed your account, please [contact us](#) immediately and [request new access codes](#).
- Always sign out when you have completed your session.

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MAIN



Recommendation for [Redacted]

Welcome, Dr. [Redacted]

[Redacted] has submitted an application to the [Redacted] and has listed you as 1 of 3 references. You must use this system to submit a letter of recommendation for this applicant.

Please note: For security and privacy reasons, access codes are valid for one session only. If you wish to view or modify your letter later, you will need to request a new access code.

[Begin my Recommendation >>](#)

More information about the [Redacted]

Other Pending Recommendations

Your recommendation is pending for the applicant(s) listed below. For privacy reasons, you must use a unique access code for each applicant. To get an access code, click on the applicant name.

| Applicant | Program |
|--------------|------------|
| » [Redacted] | [Redacted] |

Previously Submitted Recommendations +

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RECOMMENDATION FOR ██████████



OMB No.: 0925-0299
Expiration Date: 31 May 2024



Instructions: Please complete the form below and press the [Preview & Continue] button at the bottom of the page to review your entry.

██████████ has requested that you submit a recommendation. Before you proceed, please verify that the information below is accurate. You can [modify the information](#), if necessary.

Your name: ██████████
Your phone number: ██████████

Recommendation for ██████████

Please paste your letter in the window below. Be sure to include your name, academic rank, department, and institution in your signature block.

Evaluation

The evaluation form asks for your assessment of the applicant on several factors using the following rating system.

Rating: 5 = Exceptional – Top 1%
4 = Excellent – Top 10%
3 = Above Average – Top 25%
2 = Average – Top 50%
1 = Below Average – Bottom 50%

Overall Impression: 5 4 3 2 1 No comment
Intelligence: 5 4 3 2 1 No comment
Writing Ability: 5 4 3 2 1 No comment
Initiative: 5 4 3 2 1 No comment
Analytical Ability: 5 4 3 2 1 No comment
Interpersonal Skills: 5 4 3 2 1 No comment
Honesty: 5 4 3 2 1 No comment
Research Ability: 5 4 3 2 1 No comment
Motivation: 5 4 3 2 1 No comment
Knowledge of Field: 5 4 3 2 1 No comment
Verbal Ability: 5 4 3 2 1 No comment
Confidence: 5 4 3 2 1 No comment
Maturity: 5 4 3 2 1 No comment

Preview & Continue

Collection of this information is authorized by The Public Health Service Act, Section 410 (42 USC 285). Rights of participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all participants and reported as summaries.

Public reporting burden for this collection of information is estimated to average 10 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 (0925-0299). Do not return the completed form to this address.