

Recommendation Form

for the 2009-2010

Health Policy Fellowship

Please return by May 22, 2009.

To the applicant:

Type or clearly print your full name below. Give one copy of this form to each of the three individuals you are asking to recommend you.

Applicant's full name _____

To the individual recommending an applicant:

The person named above is applying for admission to the Health Policy Fellowship and has requested that your evaluation be included as part of the information on which the reviewers will evaluate his or her application.

Individuals who are accepted must be able to fulfill the intellectual requirements of graduate study, and possess personal qualifications essential to professional performance in the field of health policy.

We would appreciate your prompt, candid evaluation. Your response will be kept confidential and will be destroyed following pertinent review.

Please type or clearly print the requested information.

How long have you known this applicant, and in what capacity?

Have you worked with the applicant in health policy settings? Please describe.

Personal and professional appraisal:

Characteristic	Superior	Above Average	Average	Below Average	Inadequate Knowledge
Intellectual capability	_____	_____	_____	_____	_____
Leadership potential	_____	_____	_____	_____	_____
Professional competence	_____	_____	_____	_____	_____
Sense of responsibility	_____	_____	_____	_____	_____
Ability to work with people	_____	_____	_____	_____	_____
Ability to organize efforts of others	_____	_____	_____	_____	_____
Ability to adapt to new situations	_____	_____	_____	_____	_____
Ability to work independently	_____	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____	_____
Ability in written communication	_____	_____	_____	_____	_____
Ability to analyze problems and solve them effectively	_____	_____	_____	_____	_____

Comments:

In the space below, add descriptive comments that will assist in providing a complete picture of the applicant's abilities and potential as a Health Policy Fellow.

Recommendation for Health Policy Fellowship:

_____ Strongly Recommend _____ Recommend with reservations noted previously
_____ Recommend _____ Do not recommend

Please type or print:

Your name _____ Title _____

Organization _____

Address _____

Signature _____ Date _____

Please send this completed form to:

**Health Policy Fellowship
Ohio University College of Osteopathic Medicine
307 Grosvenor Hall
Athens, OH 45701**

You may fax this form to: (740) 593-1730. Please return this form by May 22, 2009.