

<p>Department of Health and Human Services Public Health Service</p> <p>Reference</p> <p>National Research Service Award</p> <p><i>(Read instructions on back.)</i></p>	<p>(Applicant completes this block.)</p> <hr/> <p>NAME OF APPLICANT <i>(Last, first, middle initial)</i></p> <hr/> <p>PROPOSED SPONSORING INSTITUTION</p>
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Compare the applicant with other individuals of similar training and experience with whom you have been associated. Use the following numerical scores. Mark every block; insert "X" if insufficient knowledge to rate and "NA" if not applicable.

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| <p>1 – Outstanding — comparable to the best individual in a current class or research laboratory (upper 5%)</p> <p>2 – Excellent — upper 6 to 20%</p> <p>3 – Very Good (Above Average) — upper 21 to 40%</p> | <p>4 – Good (Average) — middle 41 to 60%</p> <p>5 – Fair (Below Average) — lower 40%</p> |
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Use black ribbon or black ink.

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|--|---|
| <p><input type="checkbox"/> Research Ability and Potential</p> <p><input type="checkbox"/> Written and Verbal Communications</p> <p><input type="checkbox"/> Perseverance in Pursuing Goals</p> <p><input type="checkbox"/> Self-Reliance and Independence</p> <p><input type="checkbox"/> Clinical Proficiency, if relevant</p> <p><input type="checkbox"/> Laboratory Skills and Techniques, if relevant</p> | <p><input type="checkbox"/> Originality</p> <p><input type="checkbox"/> Accuracy</p> <p><input type="checkbox"/> Scientific Background</p> <p><input type="checkbox"/> Familiarity with Research Literature</p> <p><input type="checkbox"/> Ability to Organize Scientific Data</p> |
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Describe your association with the applicant. Comment on the above items, including other areas as appropriate, identifying the strengths and weaknesses that should be considered in evaluating the applicant's potential for a research career. *(Use continuation pages as necessary.)*

DATES ASSOCIATED WITH APPLICANT	CAPACITY AT THAT TIME <i>(Teacher, thesis advisor, supervisor or other)</i> <i>(Use continuation pages as necessary.)</i>
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RESPONDENT *(Name, title, department, and institution)*

TELEPHONE NUMBER	SIGNATURE	DATE
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