



U.S. National Library of Medicine Associate Fellowship Program

REFERENCE FORM

PLEASE SAVE AND E-MAIL COMPLETED FORM TO: nlm.associate.fellowship@orau.org

1. This form requires **Adobe Reader** version 8 or later (<http://get.adobe.com/reader/>).
2. Begin by saving the form to your computer using "Save As" including the **applicant name** in the filename. The form is a fillable PDF form that allows your responses to be saved.
3. Remember to save your responses and keep a copy for your records.
4. **Submit completed form as attachment to e-mail addressed to nlm.associate.fellowship@orau.org.**

If you have any questions, please contact nlm.associate.fellowship@orau.org or call (865) 576-9975.

Applicant's Name:

_____ Last

_____ First

_____ Middle

How long and in what capacity have you known the applicant?

Length of time:

I am:

Rating: In a group of 100 other library school students or persons of comparable experience, how would you rate the applicant with respect to the following characteristics?

Rating Scale:	Below Average Lowest 35	Average Middle 25	Above Average Next 20	Outstanding Highest 15	Superior Top 5	Inadequate Opportunity to Observe
Area of Rating	Rating					
Motivation toward a successful, productive career						
Growth during total period observed						
Fertility of imagination; originality of thought						
Emotional stability and maturity						
Ability to work with others						
Mastery of fundamental knowledge in the field						
Flexibility						
Ability to communicate in writing						
Ability to communicate orally						
Self-reliance and independence						
Leadership potential						

REFERENCE FORM – Continued

Descriptive Comments: Please add your descriptive comments that will assist in providing a complete picture of the applicant’s character, attitudes, and ability/potential for research. Please comment on challenges, as well as strong points. *(Limit 4200 characters or approximately 600 words.)*

Reference Contact Information

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____