**The Joseph L. Henry Oral Health Fellowship**

**in Minority Health Policy**

**Recommendation Form**

**2023-2024**

**To the Recommender**

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| **Instructions**  Admissions policy requires applicants to solicit three letters of recommendation and submit the complete set with the application.  Please complete this recommendation form (Questions 1-8) for the applicant.  **If you wish to add a separate sheet for your comments, please endorse it with your signature.**  ***All completed forms must be returned electronically to the fellowship recommendation inbox,*** [***mfdp\_cff@hms.harvard.edu***](mailto:mfdp_cff@hms.harvard.edu)***, by December 1, 2022 . Please contact Jackie Wright, Programmer Coordinator, at*** [***jackie\_wright@hms.harvard.edu***](mailto:jackie_wright@hms.harvard.edu) ***if you have any questions about the form.***  *May we contact you if we have additional questions?*  Yes  No  **Applicant Name**:   |  |  |  | | --- | --- | --- | | Last | First | Middle |   **Please indicate Candidate’s Graduate School**  Harvard T.H. Chan School of Public Health  Harvard Kennedy School  **Recommender Name** | | | | | |
| Last | First | | Middle | | |
| Job Title | Institution | | | | |
| Work Address | | City | | State | Zip |
| Work Telephone | Work Email | | | | |

For questions, please contact: Joan Y. Reede, MD, MPH, MS, MBA

Director, The Joseph L. Henry Oral Health Fellowship

in Minority Health Policy

Harvard Medical School

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**Questions**

The Joseph L. Henry Oral Health Fellowship in Minority Health Policy appreciates your specific and frank answers concerning the applicant, stating deficiencies as well as merits. We are primarily interested in admitting fellows of outstanding intellectual promise and sufficient preparation to participate successfully in a rigorous academic program of professional education. We would appreciate your opinion of the applicant’s leadership potential and suitability for a career in Health Policy or Public Health field. If you need more space for your responses, you may attach an additional document.

1. How long have you known the applicant and in what connection?

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2. What do you consider to be the applicant's strengths? You may wish to comment on breadth of knowledge, quality of oral and written expression and analytic ability.

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3. Please describe some activity or program in which the applicant was involved that illustrates his or her special abilities, and/or leadership skills or potential.

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4. What do you consider to be the applicant's weaknesses?

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5. How well you think the applicant has considered plans for graduate study, and whether this study will be of value in his/her development in the field of public health and health policy.

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6. Please rate the applicant in the areas indicated below.

We are interested in your comparison of the applicant with others in a particular reference group, such as a seminar or graduating class. Please identify this reference group in the space provided.

**Reference group**

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|  | **Superior**  **(Top 5%)**  **1** | **Excellent**  **(Top 10%)**  **2** | **Good**  **(Top 30%)**  **3** | **Average**  **(Top 30-50%)**  **4** | **Marginal**  **(Below 50%)**  **5** | **Unable to comment**  **6** |
| **Native Intellectual Ability** |  |  |  |  |  |  |
| **Analytic Ability** |  |  |  |  |  |  |
| **Quantitative Ability** |  |  |  |  |  |  |
| **Problem-Solving Orientation** |  |  |  |  |  |  |
| **Breadth of General Knowledge** |  |  |  |  |  |  |
| **Quality of Oral Expression** |  |  |  |  |  |  |
| **Quality of Written Expression** |  |  |  |  |  |  |
| **Motivation/Energy** |  |  |  |  |  |  |
| **Perseverance** |  |  |  |  |  |  |
| **Leadership Capacity** |  |  |  |  |  |  |
| **Organizational Ability** |  |  |  |  |  |  |
| **Clinical Ability** |  |  |  |  |  |  |
| **Judgment/Critical Sense** |  |  |  |  |  |  |
| **Emotional Maturity** |  |  |  |  |  |  |
| **Promise as a Leader in Health Care Delivery Systems and Health Policy** |  |  |  |  |  |  |
| **Ability or Promise as a Manager** |  |  |  |  |  |  |
| **Commitment to Public Service** |  |  |  |  |  |  |
| **Professional Integrity** |  |  |  |  |  |  |
| **Works Well with Diverse Groups of People** |  |  |  |  |  |  |
| **Flexibility in New Situations** |  |  |  |  |  |  |
| **Collegiality/Ability to Work with Others** |  |  |  |  |  |  |
| **Overall Evaluation** |  |  |  |  |  |  |

7. Please rate the applicant in overall ability and promise in comparison with other individuals at the same level of training by checking **one** of the appropriate boxes below.

Equal to the best in any department.

Will perform as a superior level wherever admitted.

Performance should be up to average of most graduate students.

Qualifications marginal, but warrants consideration.

Questionable as to whether admission to further study is warranted.

Not able to judge.

8. Additional Comments.

Please make any additional comments about the applicant's potential or personal qualities which you feel would be helpful to the Harvard Coordinating Committee of The Joseph L. Henry Oral Health Fellowship in Minority Health Policy. We are especially interested in anything you may add that would not otherwise be apparent in the candidate's record – i.e. evidence of character, values, a point of interest or concern about which the applicant is particularly enthusiastic, and any special talent or quality he or she possesses. Please feel free to elaborate on the applicant’s performance on the basis of which you arrived at your ranking in question 6. If possible, please cite some specific illustrations of the applicant’s performances. If you need more space for your responses, you may attach an additional document. Thank you.

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| Signature | Date |