



ACADEMIC REFERENCE FORM

Applicant Name: Applicant e-mail:

APPLICANT: A professor or official academic advisor should complete the reference section. This person should be someone who is familiar with your work and academic potential. H RTP requires only one reference; please do not submit additional references as they will not be reviewed or influence your acceptance into the program.

REFERENCE: H RTP serves as the principal mechanism for placing undergraduate, graduate, and professional students in public health internships at the New York City Department of Health and Mental Hygiene (DOHMH). The goals of H RTP are to orient the student to principles and practices of public health planning, research, evaluation and administration; broaden concepts of public health by increasing awareness of needs, challenges and career opportunities in the field; and assist DOHMH in recruiting skilled candidates with proven potential.

Students participating in H RTP work on current, relevant public health issues under the close supervision of experienced professionals. The students are expected to apply skills learned in the classroom to practical problems as well as learn new critical skills through their internship. Students also get first-hand experience working within a public health agency. Your evaluation of the student plays an important part in the selection process. As such, we ask that you evaluate not only the student’s academic ability, but also his or her maturity and ability to work within a professional setting.

Reminder: *for a complete application package, we ask that you complete this reference form and attach a letter of recommendation on your organization’s letterhead.*

Name: _____ Title: _____
 Institution: _____ Department: _____
 e-mail: _____ Phone Number: _____

1. Please describe briefly, how long you have known the applicant and in what capacity?

2. In comparison with other students you have known; please rate the applicant on the following characteristics:

	Excellent	Good	Average	Poor	Unknown
Initiative	<input type="checkbox"/>				
Written Communication	<input type="checkbox"/>				
Verbal Communication	<input type="checkbox"/>				
Ability to synthesize material	<input type="checkbox"/>				
Ability to acquire new skills	<input type="checkbox"/>				
Personal Relationships	<input type="checkbox"/>				
Maturity and Dependability	<input type="checkbox"/>				
Professional Demeanor	<input type="checkbox"/>				
Overall Assessment	<input type="checkbox"/>				

3. I would would not select this student to work under my supervision.

IMPORTANT! Please attach a Letter of Recommendation on official letterhead with this form. You may submit this form and the letter of recommendation to hntp@health.nyc.gov or via mail to H RTP: A Public Health Internship Program at NYC DOHMH 42-09 28th St., CN#65, Queens, NY 11101, or in a sealed envelope to the applicant.

Signature: _____ Today’s Date: _____