

**Cancer Prevention and Control (CAPAC) Research Training Program
APPLICATION**

RECOMMENDATION FORM

Please type or print clearly

The individual submitting this form is applying for the Cancer Prevention and Control (CAPAC) Research Training Program, a program that aims to increase the pool of master's degree graduates and other health professionals to pursue a doctoral degree and/or a career in cancer prevention and control research with a focus on Hispanic health and health disparities. The long-term goal of this Program is to contribute to the development of the next generation of successful cancer control researchers with a cultural sensitivity to the Hispanic population. The CAPAC Program will increase participants' understanding of the spectrum of cancer prevention and control research, strengthen their skills in cancer research, and also will impact increase their skills in conducting research in Hispanic populations.

Please provide an assessment of the applicant by completing this form. **In order for an application to be reviewed, the recommendation form must be emailed NO LATER THAN February 15, 2021 (11:59 pm AST) to the following email address capac@cccupr.org. Program selection is determined by applicant information and recommendations.** (*Faxed/mailed recommendations are NOT accepted*)

<small>Last</small>	<small>First</small>	<small>Middle</small>
Applicant's Name:		

In accordance with the Family Education Rights and Privacy Act of 1974, the applicant may waive his/her right to inspect the recommendation by signing the statement below. This waiver is not required as a condition for selection to the Cancer Prevention and Control (CAPAC) Research Training Program.

"I hereby waive my right of access to this information and release UPRCCC to contact this recommender with regard to my application for the Cancer Prevention and Control (CAPAC) Research Training Program."

Print/type

applicant's name

applicant's signature date

Recommender's Name:	
Credentials:	Position/Title
Institution:	
Address:	
Telephone:	Fax:
E-mail Address:	

Part A Please evaluate the applicant using the following criteria and scale.
On a scale of 1 to 5: 1 = poor, 5 = exceptional.

	Unable to Evaluate 0	Poor 1	2	Average 3	4	Exceptional 5
1. Has vision: open to new ideas and possibilities						
2. Is motivated to advance a career in research						
3. Is organized: in thinking and methodology						
4. Manages competing priorities						
5. Works well under pressure						
6. Is a respected member of peer groups						
7. Works well with diverse groups of people						
8. Assumes initiative						
9. Assumes responsibility						
10. Writes and speaks effectively						
11. Has potential to attain a doctoral degree						

Part B

In the space below or in an attached letter, describe the nature of your relationship to the applicant. Evaluate the applicant's academic aptitude and potential for a career in cancer control research; potential motivation for the pursuit of a doctorate; and present academic performance in his/her area of concentration. Provide an example that illustrates the applicant's skills and potential commitment to applying to a doctoral program in a field related to Hispanic/Latino health disparities including cancer control research. Also, what would you describe as the main barrier for this applicant to successfully apply to a doctoral program? What are the applicant's personal and/or academic strengths and weaknesses?

(If responding on a separate paper, place the applicant's name in the upper right hand corner.

Please limit responses to 300-500 words).

By signing below, I certify that the information I have given regarding the applicant is complete and accurate.

print/type name and title

signature

date