OHSU Human Investigations Program
Letter of Recommendation

Applicant - Please complete this section of the form before sending it to your Department Chair or Training Director

Applicant’s Name: _________________________________________________________

Department Chair or Training Director: _________________________________________

Under the family education rights and privacy act, I hereby waive the right to review letters of references submitted concerning my application to OHSU School of Medicine graduate programs.

_________________________________________  _______________
Applicant’s Signature      Date

To the person providing the reference:
We are interested in any of your comments that will assist us to evaluate the applicant. Please consider the following:

• Research experiences and potential for future research
• Intellectual abilities including creativity and analytical skills
• Motivation and enthusiasm
• Ability to communicate orally and in writing
• Maturity and ability to work with others
• Ability to commit to the program

Trainees must commit to 2 hours of class time weekly plus 4 hours weekly to complete class assignments. Class is held one day each week, 4:30 – 6:30, fall through spring term. HIP trainees are asked to attend the HIP Buffet that is scheduled twice each month on Wednesdays at noon. Trainees wishing to acquire a certificate will also need time to work on an academic product to be completed by the end of the second year.
We ask that you remain committed to protecting time for this applicant to attend classes for the duration of the program. Protected time may require rescheduling of clinical time or a reduction in clinical, teaching and administrative responsibilities.

Please attach this form to your letter of reference. This form and the letter of reference may be provided to the applicant in a sealed envelope with your signature over the envelope flap. Alternatively, you may send your letter directly to:

Karen McCracken, Education Program Coordinator
Human Investigations Program, MAIL CODE: BICC
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Oregon Health & Science University
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Portland, OR  97239-3098