

**PREVENTION FELLOWSHIP PROGRAM**  
**Reference Information**

**NOTE TO REFERENCE PROVIDER:** The applicant is applying for a competitive Center for Substance Abuse Prevention (CSAP) Prevention Fellowship Program Award. Your assessment of the applicant's potential for a career in substance abuse prevention is requested. This reference will be used by a review committee in assessing this applicant. **Please provide two completed copies of section A (contact information and ratings) and section B (statement) and place each pair (one copy of A and one of B) in a sealed envelope. Sign each envelope across the flap and return the envelopes to the applicant.**

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

\_\_\_\_\_

Respondent: (Name, Title, and Agency)

Telephone number and email

\_\_\_\_\_

\_\_\_\_\_

Rate the Applicant: Please compare the applicant with other individuals of similar training and experience with whom you have been associated. Use the following numerical scores. **Mark every block; insert "NA" if not applicable.**

- 1: Outstanding** (upper 5%)
- 2: Excellent** (upper 10 to 6%)
- 3: Very Good** (upper 30 to 11%)
- 4: Good** (middle 60 to 31%)
- 5: Fair** (lower 40%)

\_\_\_\_\_ Accuracy  
\_\_\_\_\_ Perseverance in pursuing goals  
\_\_\_\_\_ Self-reliance and independence  
\_\_\_\_\_ Prevention knowledge

\_\_\_\_\_ Originality/creativity  
\_\_\_\_\_ Ability to work with others  
\_\_\_\_\_ Written and verbal communication  
\_\_\_\_\_ Prevention evaluation skills

**B.** Please discuss the applicant's strengths and weaknesses. What are the applicant's attributes, skills, educational background, interest areas, etc. that make him/her a candidate who should be given strong consideration as a Fellow in this program? What would be the potential benefits of working with this applicant?

**SIGNATURE:**

\_\_\_\_\_ **Date**

**CSAP PREVENTION FELLOWSHIP PROGRAM**  
**Applicant Information**

Please type answers in the spaces provided.

1. Name of applicant (last, first, middle initial)

\_\_\_\_\_

2. Date of birth

\_\_\_\_\_

3. Mailing address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. E-mail address

\_\_\_\_\_

5. Telephone number

\_\_\_\_\_

6. Highest degree prior to beginning Fellowship (degree, institution & date received)

\_\_\_\_\_

7. Can you relocate to the State capital for the duration of the Fellowship?

Yes  No

8. Are you a US citizen, non-citizen national, or permanent resident alien of the United States?

Yes  No

If no, explain \_\_\_\_\_

9 Gender:

Male  Female

10. Are you Hispanic or Latino?

Yes  No

11. Ethnic and racial identity. All applicants, based on self-identification, can mark one or more boxes below:

American Indian or Alaskan Native

Asian or Asian American

Black or African American

White

Native Hawaiian or other Pacific Islander

Other (please specify) \_\_\_\_\_

12. How did you hear of this opportunity? \_\_\_\_\_

**Applicant Certification and Acceptance**

I certify that the statements herein are true, complete, and accurate to the best of my knowledge, and I agree to comply with the terms and conditions of the Prevention Fellowship Program, if an award is issued as a result of the application process.

**SIGNATURE:**

\_\_\_\_\_ **Date** \_\_\_\_\_