



Department of Science and Technology  
PHILIPPINE COUNCIL FOR HEALTH RESEARCH AND DEVELOPMENT

## BEST MENTOR IN HEALTH RESEARCH

### Recommendation Form

For:

\_\_\_\_\_  
Name of the Nominee

#### A. Personal Information of the Nominator

1. Name of the Nominator \_\_\_\_\_  
(Family) (First Name) (Middle Initial)

2. Employment name \_\_\_\_\_

3. Present Job Position \_\_\_\_\_

4. Employment address of the \_\_\_\_\_

5. Contact Details:

5.1. Telephone number (Office) \_\_\_\_\_ 5.2. Fax No. \_\_\_\_\_

5.3. Telephone number (Residence) \_\_\_\_\_ 5.4. Fax No. \_\_\_\_\_

5.5. Mobile Number \_\_\_\_\_

5.6. Email Address \_\_\_\_\_

6. Relationship of the Nominator with the Nominee (s) and your assessment on *his/her* performance with the ff. interpretations:

1= needs improvement; 2= average/good; 3= very good; 4=outstanding

Please check all the applicable items

6.1.  adviser Assessment  
 local  international  1  2  3  4

6.2.  research panel/reviewer/evaluator/reader Assessment  
 local  international  1  2  3  4

6.3.  preceptor Assessment  
 local  international  1  2  3  4

- 6.4.  advocate Assessment  
 local  international  1  2  3  4
- 6.5.  research consultant Assessment  
 local  international  1  2  3  4
- 6.6.  editor Assessment  
 local  international  1  2  3  4
- 6.7  colleague Assessment  
 1  2  3  4
- 6.8.  trainer Assessment  
 1  2  3  4
- 6.9  others, please specify \_\_\_\_\_  
Assessment  
 1  2  3  4

7. How long have you known the nominee (please check the appropriate box)

- less than a month  
 one month to one semester (6 months)  
 more than a semester but less than a year  
 one year to two years  
 more than two years

***B. In 1000-1500 words, give a narrative description of the nominee's mentoring activities (at least 2 pages accompanied by supporting documents; e.g. photos and other necessary documents to support the nomination)***

**Instruction.**

Fold and insert this accomplished recommendation form in a letter envelope, seal and affix your signature twice on the back sealed cover. *You may give the sealed accomplished recommendation form to the nominee or personally send to the regional consortium secretariat. (Please refer to the attached paper for the list of addresses).*