



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

**BEST MENTOR IN HEALTH RESEARCH AWARD**

**Recommendation Form**

**For:**

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

**A. Personal Information of the Nominator**

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

2. *Affiliation* \_\_\_\_\_

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

4. *Affiliation address* \_\_\_\_\_

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 and his/her assessment to the performance of the nominee using 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 send the sealed accomplished recommendation form to the regional consortium secretariat or to PCHRD (for ASTHRDP Scholars only) (Please refer to the attached paper for the list of addresses).