

Training in Policy Studies (TIPS) Program

2025-2026

American Osteopathic Association

Recommendation Form

| RECOMMENDER PERSONA | L INFORMATION: | | | | | | | |
|---|--------------------------|--------------|---------------|------------|--|--|--|--|
| Name: | | | | | | | | |
| Title: | | | | | | | | |
| Institution: | | | | | | | | |
| Email: | | | | | | | | |
| NAME OF APPLICANT: | | | | | | | | |
| How long have you known | this applicant and in wh | at capacity? | | | | | | |
| Have you worked with the applicant in health policy settings? Please describe. | | | | | | | | |
| PERSONAL AND PROFESSIONAL APPRAISAL Please choose the description that most accurately describes the candidate. | | | | | | | | |
| Leadership potenti | al: | | | | | | | |
| Superior | Above Average | Average | Below Average | Inadequate | | | | |
| Professional judger Superior | ment: Above Average | Average | Below Average | Inadequate | | | | |
| Ability to organize | efforts of others: | | | | | | | |
| Superior | Above Average | Average | Below Average | Inadequate | | | | |

| | Ability to adapt to new situations: | | | | | | | | | |
|--|-------------------------------------|---------------|---------|---------------|------------|--|--|--|--|--|
| | Superior | Above Average | Average | Below Average | Inadequate | | | | | |
| | Ability to work independently: | | | | | | | | | |
| | Superior | Above Average | Average | Below Average | Inadequate | | | | | |
| | Ability in written communication: | | | | | | | | | |
| | Superior | Above Average | Average | Below Average | Inadequate | | | | | |
| Ability in spoken communication: | | | | | | | | | | |
| | Superior | Above Average | Average | Below Average | Inadequate | | | | | |
| Ability to analyze and solve problems effectively: | | | | | | | | | | |
| | Superior | Above Average | Average | Below Average | Inadequate | | | | | |
| ADDITIONAL COMMENTS: Please provide any additional information that will help us understand the qualities, knowledge and experience the fellow will provide to the program. Feel free to qualify and explain any of the evaluations made above. | | | | | | | | | | |
| | | | | | | | | | | |
| I hereby recognize that I have completed the recommendation of the aforementioned candidate with the most accurate information available to me: | | | | | | | | | | |
| Signatu | re | | | Date | | | | | | |

Thank you for completing the American Osteopathic Association's Training in Policy Studies program recommendation form. The application deadline, including the recommendation form is, Friday June 15, 2025.