



UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

EXTERNAL REFEREE FORM

This form must be returned with your letter

Referee Name: _____

Referee Title and Affiliation: _____

Name of Candidate: _____

Promotion and/or Tenure Request: _____

Relationship to candidate and his/her work:

Check all that apply

- | | | |
|---|------------------------------|-----------------------------|
| 1. Past or present student, trainee, mentee or employee for whom you had a direct or significant role in their professional development | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Family or close friendship | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Co-investigator on a funded research project in the present or within the past 5 years (with exception of very large clinical trials where investigators have a very distant relationship) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Other, please specify: | | |

Knowledge of candidate's work primarily based on:

Check all that apply

- | | | |
|---|------------------------------|-----------------------------|
| 1. His/her publications and CV | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Scholarly presentations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Personal knowledge and discussions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Participated on review panels (study section, advisory Boards, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

External Reviewer's Signature

Date