EXTERNAL REFEREE FORM

OREGON HEALTH & SCIENCE UNIVERSITY
SCHOOL OF MEDICINE
DEPARTMENT OF ______________________________

DATE: ______________________________

TO: ______________________________

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FROM: ______________________________

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SUBJECT: Relationship to Candidate Form

Name of candidate: ____________________________________________

A. Relationship to the candidate and his/her work:

1. Present or past colleague (at same institution as a student, postdoctoral fellow, or faculty member) _________

2. Past mentor _________

3. Collaborator (worked with, or co-authored papers) _________

4. None of the above _________

B. Knowledge of candidate’s work based primarily on:

1. His/her publications and C.V. _________

2. Scientific presentations _________

3. Personal knowledge and discussions _________

4. Participation on review panels (study section, advisory boards, etc.) _________

Signature of External Reviewer                      Date