

EXTERNAL REFEREE FORM

OREGON HEALTH & SCIENCE UNIVERSITY

SCHOOL OF MEDICINE

DEPARTMENT OF _____

DATE: _____

TO: _____

FROM: _____

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