



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:** [if YES to any of these questions the letter cannot be included in the REQUIRED category, but may be a useful “additional” letter)]

**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 now and/or within the past 5 years (with exception of very large research studies/projects where investigators have a very distant relationship) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Collaboration currently and/or within the past 5 years that represents a conflict of interest in the opinion of the letter author   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Co-author on a publication within the past 5 years (with the exception of very large research studies/projects where Co-authors have a very distant relationship)                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Other, please specify: _____  |                              |                             |

**Knowledge of candidate’s work 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**