



## External Reviewer Relationship to Candidate Form

*Please submit this form with your letter of review.*

<b>Date:</b>	<b>Completed by:</b>
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<b>Candidate Name:</b>
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**Do you know this Candidate?** \_\_\_\_\_ If yes, how long: \_\_\_\_\_ years

**Do you feel you can conduct a review of the candidate's work without bias or conflict of interest (COI)?**

Yes     No    (if no, please reach out to requestor to decline participation.)

**A. Which of these items describes your relationship to the candidate and your knowledge of their work.**  
(check all that apply)

Elaborate on your relationship in the first paragraph of your letter as to why it is not a COI if needed.

Present or past colleague at same institution (as students or trainees together, Postdoctoral fellow or faculty member)	
Present or past colleague in a national professional organization with close collaboration(s)	
Past teacher or supervising mentor	
Participated in the candidate's clinical or research training or they participated in my research	
We have coauthored an abstract, manuscript or book, or other publication	
We have been Co-Inv, or Co-PI on a research project, grant, or contract	
Other collaborations within the past 3 years, please describe:	

**B. Knowledge of candidate's work based on: (check all that apply and elaborate in your letter)**

I have read their CV	
I have read their publications	
Scientific presentations	
Participation on committees (review panel, national committee, study section, advisory board, etc.)	
The candidate's scholarship or body of work has engendered a national/international reputation	
Personal knowledge and discussions	
Other (please provide details in your letter):	



**C. Indicate areas of expertise you feel comfortable providing comment regarding the candidate:**  
**(check all that apply)**

Elaborate in your letter evidence to support your assessment.

Clinical expertise	
Teaching excellence	
Scholarly productivity	
Research excellence	

**D. Resource Link for University of Rochester School of Medicine and Dentistry [Promotion Criteria](#)**

Name of Reviewer: \_\_\_\_\_

Signature of Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_