

State University of New York, Upstate Medical University

Extramural Evaluator Letter Request

Independent Evaluator Status

Candidate's Name: _____

Proposed for Promotion _____

Please indicate which of these items describes your relationship to the candidate and your knowledge of their work.

Relationship to the candidate and their work:

- Present or past colleague (at past or present institution as a student, postdoctoral fellow, resident, subspecialty fellow, or faculty member)
- Past mentor, dissertation advisor, or other direct mentoring relationship
- Collaborator (co-investigator on grants and/or co-authored papers)
- None of the above

EXPLANATION OF RELATIONSHIPS: Note: Any check mark, other than "none of the above," may disqualify the letter writer as an independent evaluator and the letter writer should explain this relationship. If the candidate's collaborative relationship was greater than 3 years ago, the letter writer may qualify. For questions, please contact the department assistant. Letters of support, unlike extramural evaluator letters, do not require independent evaluator status. Please comment with any explanation of relationships below.

Knowledge of candidate's work is based primarily on:

- Professional knowledge of their publications
- Knowledge regarding scientific presentations
- Personal knowledge and discussions
- Participation together on review panels (study section, advisory boards, etc.)
- Provided candidate dossier (CV, educator portfolio, other)

Signature of Referee/Evaluator: _____

Print Name: _____ Date: _____

Evaluator's Academic Title and Rank: _____