

## Neonatal-Perinatal Medicine Fellowship Referee's Evaluation Form For Application Year 20\_\_ - 2\_\_

Applicant's Name: \_\_\_\_\_ AAMC ERAS ID# \_\_\_\_\_

Reference Provided By: \_\_\_\_\_

Referee's Present Position: \_\_\_\_\_

E-mail: \_\_\_\_\_

Institution (include city & state): \_\_\_\_\_ Office Phone: \_\_\_\_\_

### A. Referee's Background Information

1. How many years have you known the applicant? \_\_\_\_\_
2. Nature of contact/relationship with applicant (*Check all that apply*):
 

|                                      |                          |                            |                          |
|--------------------------------------|--------------------------|----------------------------|--------------------------|
| Residency Program Director           | <input type="checkbox"/> | Applicant worked in my lab | <input type="checkbox"/> |
| Faculty Preceptor/Advisor            | <input type="checkbox"/> | Other (specify) _____      | <input type="checkbox"/> |
| Faculty Attending for $\leq 2$ weeks | <input type="checkbox"/> | _____                      |                          |
| Faculty Attending for $> 2$ weeks    | <input type="checkbox"/> | None of the above          | <input type="checkbox"/> |
3. In what ABP subspecialty are you certified? \_\_\_\_\_
4. Are you willing to be contacted for additional information about the applicant? **Yes / No**

### B. Applicant's Qualifications for Neonatal-Perinatal Medicine. Be candid and realistic in comparing to other Neonatal-Perinatal Medicine fellowship applicants you have known in past 3 to 5 years.

|   | <u>Top<br/>20%</u>       | <u>Upper<br/>Middle 20%</u> | <u>Middle<br/>20%</u>    | <u>Lower<br/>Middle 20%</u> | <u>Bottom<br/>20%</u>    | <u>Unable<br/>to Judge</u> |
|---|--------------------------|-----------------------------|--------------------------|-----------------------------|--------------------------|----------------------------|
| 1. Commitment to <i>academic</i> career in Neonatal-Perinatal Medicine?             | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>   |
| 2. Work ethic and willingness to assume responsibility?                             | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>   |
| 3. Ability to interact and collaborate effectively with others?                     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>   |
| 4. Ability to communicate well with healthcare team and families?                   | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>   |
| 5. Ability to develop/justify appropriate differential & a cohesive treatment plan? | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>   |
| 6. Independence of applicant for conducting scholarly activities during fellowship? | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>   |
| 7. Independence of applicant for performing clinical service during fellowship?     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>   |
| 8. Technical proficiency in performing procedures?                                  | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>   |
| 9. Amount and quality of previous research experience?                              | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>   |
| 10. Given necessary guidance, what is likelihood for long-term academic success?    | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>   |
| 11. Your ranking if applicant was applying to your program?                         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>   |

**C. For hospital credentialing:**

1. Is there any reason that would prevent the applicant from full participation and completion of the requirements of this fellowship? **No / Yes**

Describe:

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2. Has the applicant ever been subject to discipline, including a reprimand, for unprofessional conduct? **No / Yes** If yes, what was the (mis)conduct? What action was taken and when? What has been the result?

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**D. Please provide any additional narrative comments you feel relevant (Required section use additional page if necessary):**

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Evaluator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**I (the Applicant) waive my right to see this letter (Circle): YES / NO**

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_