

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 ≤ 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 20%</u>	<u>Upper Middle 20%</u>	<u>Middle 20%</u>	<u>Lower Middle 20%</u>	<u>Bottom 20%</u>	<u>Unable 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: _____

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?

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

Evaluator's Signature: _____

Date: _____



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

Applicant's Signature: _____

Date: _____