## Candidate Information

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Rank (e.g., Associate Professor, Full Professor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reviewer Information Form**

Please provide information about potential reviewers who are qualified to evaluate your work. Reviewers should meet the following eligibility guidelines to provide an objective assessment of the candidates work:

* Expert in at least one of the candidate's areas of academic expertise
* Capable of providing a fair and unbiased assessment of the candidate's work.
* Should not have had recent or ongoing collaborations (e.g., co-authorship, shared grants) with the candidate, or be their former mentor or supervisor.
* Should not be close personal friends or family members of the candidate.
* See table below for the number of reviewers needed and additional reviewer requirements.
* The Department Chair’s Letter of Support should not be included among your required letters.

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| **Requirements** | **Clinical Faculty****Associate Professor** | **Clinical Faculty****Professor** |
| **Minimum Number of Letters** | 3 | 5 |
| **External Reviews** | At least 1 | At least 3(1 from outside of QU or clinical institution) |
| **Internal Reviews** | At least 2 | At least 2 |
| **Reviewer Rank** | At or above the rank sought by the candidate |
| **External Reviewer Definition** | External reviewers are members outside of the candidate’s clinical department | External reviewers are members of departments outside the candidate’s department. At least 1 reviewer must be from institutions outside QU and the candidate’s clinical institution. |
| **Specific Requirements** | One review must be from course/clerkship/program director where the majority of the candidate’s teaching occurs, if applicable. In this case, this reviewer would not be required to be at a higher academic rank than the candidate. |

**Candidate’s Recommended Reviewers -** Please provide complete information for each reviewer that you are recommending.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reviewer Name** | **Institution & Department** | **Email Address** | **Rank/Title** | **Reason for Recommendation (Expertise)** |
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I confirm that I have reviewed the guidelines for reviewers and have selected individuals that meet all requirements noted above.

Candidate Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_