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 [ ]  Applicant worked in my lab [ ]
   - Faculty Preceptor/Advisor [ ]  Other (specify) __________________________ [ ]
   - Faculty Attending for ≤2 weeks [ ]  ________________________________
   - Faculty Attending for >2 weeks [ ]  None of the above [ ]

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.

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

   ________________________________________________
   ________________________________________________
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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: ____________