**INSERT CANDIDATE NAME HERE**

**CANDIDATE’S REFEREE LIST FOR NEW APPOINTMENT AS A HEALTH SYSTEM CLINICIAN**

**Feinberg School of Medicine**

Thank you for your interest in a faculty position at Northwestern University Feinberg School of Medicine (FSM). Please use this form to suggest the names of individuals who could write a letter of reference on your behalf.

|  |
| --- |
| **REFEREE** **GUIDANCE** |
| If applying for a position at the rank of **Clinical Assistant Professor**:* Referees should be established physicians or faculty at a more senior career stage than you (i.e., do not suggest mentees or colleagues you trained with), but they do not have to hold faculty appointments.
* Referees may come from inside or outside Northwestern; if the referee is based at Northwestern, they should be from outside your field of medicine or outside the hospital / clinic where you practice.

If applying for a position at the rank of **Clinical Associate Professor or Clinical Professor**:* Referees should hold an academic rank that is equivalent to or higher than the rank you are applying for at Northwestern University Feinberg School of Medicine.
* Referees should not be current close collaborators or have a training connection to you (i.e., do not suggest your mentors, mentees, or colleagues you trained with).
* Referees from outside Northwestern are preferred (demonstrates breadth of your reputation); if suggesting a referee from within Northwestern, the referee should be from outside your field of medicine or outside the hospital or clinic where you practice.
* Select referees who represent multiple institutions. Geographic range of referees demonstrates breadth of reputation.
 |

|  |
| --- |
| **NUMBER OF REQUIRED REFEREES BY RANK OF PROPOSED PROMOTION** |
| **Career Track** | **Rank of Proposed Appointment** | **# Referees to Suggest** | **Who Contacts Referees** | **# Letters Sought** |
| Min | Max |
| Health System Clinician | Clinical Professor | 3 | 6 | FSM Department Chair’s Office | 3 |
| Clinical Associate Professor | 3 | 6 | FSM Department Chair’s Office | 3 |
| Clinical Assistant Professor | 3 | 6 | FSM Department Chair’s Office | 3 |

|  |
| --- |
| **CANDIDATE’S SUGGESTED REFEREES LISTED IN RANK ORDER OF PREFERENCE** |
| 1 | Referee Name: | Degree: | Rank or Title: |
| Email address: | Institution: |
| Referee’s relationship to candidate: |
| 2 | Referee Name: | Degree: | Rank or Title: |
| Email address: | Institution: |
| Referee’s relationship to candidate: |
| 3 | Referee Name: | Degree: | Rank or Title: |
| Email address: | Institution: |
| Referee’s relationship to candidate: |
| 4 | Referee Name: | Degree: | Rank or Title: |
| Email address: | Institution: |
| Referee’s relationship to candidate: |
| 5 | Referee Name: | Degree: | Rank or Title: |
| Email address: | Institution: |
| Referee’s relationship to candidate: |
| 6 | Referee Name: | Degree: | Rank or Title: |
| Email address: | Institution: |
| Referee’s relationship to candidate: |