**INSERT CANDIDATE NAME HERE**

**CANDIDATE’S REFEREE LIST FOR PROMOTION ON THE HEALTH SYSTEM CLINICIAN TRACK**

**Feinberg School of Medicine**

Promotion candidates use this form to suggest names of referees who will be contacted to write letters of reference.

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| **REFEREE** **GUIDANCE** |
| * 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 know you primarily through your work and not be current close collaborators. See the [FAO website](https://www.feinberg.northwestern.edu/fao/for-faculty/promo-tenure/packet/referee-list.html) for details.
* 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 practice or outside the hospital or clinic where you practice (in other words, they should not be close collaborators).
* Select referees who represent multiple institutions. Geographic range of referees demonstrates breadth of reputation.
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| **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 |

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

**Community Referees (Optional)**

Candidates who conduct research in direct collaboration with community leaders or organizations, are engaged in the development of community-based clinical programs, address public policy, and/or support community awareness programs are permitted to provide the department with the names of up to 3 additional individuals who would be qualified to contribute one additional letter as a community referee. Community referees may include community partners who are not academics by training, but who are experienced consumers of applied research and use academic scholarship for policy or organizational ends and/or are community leaders who manage and benefit from community clinical programs. The purpose of the additional community referee letter will be to verify and describe specifically how the candidate’s research, clinical programs and/or other contributions have benefited.

Community referees do not substitute for academic referees, so their letters do not count toward the minimum number of required external letters needed for the promotion/tenure packet.

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| **CANDIDATE’S SUGGESTED COMMUNITY REFEREES (Optional)** |
| 1 | Referee Name: | Degree: | Rank and Title: |
| Email address: | Institution: |
| Referee’s relationship to candidate: |
| 2 | Referee Name: | Degree: | Rank and Title: |
| Email address: | Institution: |
| Referee’s relationship to candidate: |
| 3 | Referee Name: | Degree: | Rank and Title: |
| Email address: | Institution: |
| Referee’s relationship to candidate: |