Neonatal-Perinatal Medicine Standardized Letter of Reference Form  
For Application Year 20__-20__

Applicant's Name: ____________________________________  
AAMC ERAS ID# ___________________

Reference Provided By: ________________________________  
E-mail: ___________________________

Present Position:  _____________________________________  
Office Phone: ______________________

Institution (include city & state): ________________________

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
   - Faculty Preceptor/Advisor
   - Faculty Attending for ≤2 weeks
   - Faculty Attending for >2 weeks
   - Applicant worked in my lab
   - Other (specify) ____________________
   - 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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<th>Upper Middle 20%</th>
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<td>1. Commitment to academic career in Neonatal-Perinatal Medicine?</td>
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<td>2. Work ethic and willingness to assume responsibility?</td>
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<td>3. Ability to interact and collaborate effectively with others?</td>
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<td>4. Ability to communicate well with healthcare team and families?</td>
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<td>5. Ability to develop/justify appropriate differential &amp; a cohesive treatment plan?</td>
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<td>6. Independence of applicant for conducting scholarly activities during fellowship?</td>
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<td>7. Independence of applicant for performing clinical service during fellowship?</td>
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<td>8. Technical proficiency in performing procedures?</td>
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<td>9. Amount and quality of previous research experience?</td>
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<td>10. Given necessary guidance, what is likelihood for long-term academic success?</td>
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<td>11. 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 was the outcome?
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

D. **Please provide any additional narrative comments you feel relevant** (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: __________