**Volunteer Clinical Professor Series Referee Feedback Form**

**Confidentiality Statement**

Although the contents of your letter/form may be passed on to the candidate at prescribed stages of the review process, your identity will be held in confidence. The material made available will lack the letterhead/header, the signature block, and material below the latter (comments, if applicable). Therefore, material that would identify you, particularly your relationship to the candidate, should be placed below the signature block. In any legal proceeding or other situation in which the source of the confidential information is sought, the University does its utmost to protect the identity of such sources

**Date:** Click or tap to enter a date.

**TO:** Referee First, Last Name

**FROM:** Department Chair

**SUBJECT:** [Action] for First, Last Name of Candidate

The [Department of\_\_\_\_\_\_] at the UC Irvine School of Medicine is proposing [First, Last Name of candidate] for an appointment as Choose an item. .The purpose of this appointment is for teaching, patient care, and/or University service and may include supervision of UC Irvine medical students, residents, and/or fellows in clinical and/or classroom settings. At the rank being proposed for this candidate, the Department and the School of Medicine require professional references: experts in the field who can give important feedback about the candidate

Please complete the evaluation form of the candidate’s qualifications for this position in the following categories:

**Clinical (Quality of Clinical performance)**

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| --- |
| Knowledge of basic and clinical sciences  Demonstrates commitment to the delivery of safe, quality, cost-effective, patient-centered care    **Unsatisfactory Satisfactory Superior Unable to assess** |

**Teaching (Quality of Teaching/Supervising/Mentoring activities)**

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| --- |
| Demonstrates a strong interest in the education of healthcare professionals, fulfills teaching responsibilities  **Unsatisfactory Satisfactory Superior Unable to assess** |

**Service/Collaboration**

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| Participates in organized clinical discussions, interdisciplinary sessions, journal clubs and/or conferences  **Unsatisfactory Satisfactory Superior Unable to assess** |

**Additional Information**

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The University of California at Irvine thanks you for participating in the appointment process. If you have any questions, please contact [Department contact]. Your name typed and date at the bottom of this page will suffice as a signature.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comments**

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