

COLLEGE OF NURSING

**Contact Information for External Reviewer Form for Clinical Rank Promotion**

Complete ALL information on 5 separate forms for potential names and contact information for external reviewers

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| **Date:** |
| **Name of Applicant:** |
| **Suggested External Reviewer**  Name & credentials:  Complete mailing address:  Phone Number: (area code)  E-mail address: |
| **Describe the suggested reviewer’s past and present relationship to you and your work, if any.** Note that suggested external reviewers must be outside the University of Nebraska system and cannot be a recent or current collaborator, consultant, mentor or someone with whom the faculty member has another close professional or personal relationship. |
| **Reviewer’s knowledge of your work would be based on**:  \_\_\_ 1. Your publications  \_\_\_ 2. Your scientific/professional presentations  \_\_\_ 3. Personal knowledge and discussions with you  \_\_\_ 4. Participation on review panels (study section, advisory boards, etc.) with you  \_\_\_ 5. Other (Specify): |

**Return to Promotion and Tenure Committee Chair by designated date.**

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