



Voluntary Faculty Letter of Professional Reference

Section A: 1 Appointment Details To be Completed by the Applicant

Applicant:

Proposed Rank: Clinical Assistant Professor Clinical Instructor
Adjunct Assistant Professor Adjunct Instructor

Department or Center:

Section A: 2 Authorization and Release from Liability To be Completed by the Applicant

Name of Professional Reference:

Dear Colleague:

I, the undersigned, have applied for a Wayne State University (WSU) School of Medicine voluntary faculty appointment at the rank and Department or Center listed above. I hereby authorize you to act as my professional reference and to submit to the Office of Faculty and Professional Development (OFAPD) at WSU your truthful and accurate responses to Section B below. I further release you and the OFAPD from any liability. The OFAPD requests that you return this form to the following email address: FAAppointments@med.wayne.edu. I appreciate your time and assistance in facilitating this appointment.

Applicant: Signature: Date:

Section B: Applicant Information To be Completed by the Professional Reference

How long have you known this candidate?

In what capacity have you known this candidate?

Please rate the candidate's clinical and patient care skills

Not Known Prefer not to answer Competent Experienced

To your knowledge, how long has this candidate been involved with teaching medical students

Not Known 1-3 years 4-10 years > 10 years

Please rate the quality of this candidate's teaching of medical students

Not Known Limited Average Excellent

To your knowledge, how long has this candidate been involved with teaching residents, fellows and other trainees

Not Known 1-3 years 4-10 years > 10 years

Please rate the quality of this candidate's teaching of residents, fellows and other trainees

Not Known Limited Average Excellent

Please rate this candidate's community and professional service potential

Not Known Prefer not to answer Average Excellent

Please rate this candidate's community and professional service record

Not Known Prefer not to answer Average Excellent

Does this candidate conform to the highest professionalism and ethical standards?

Not Known Prefer not to answer Yes Please call to discuss

Please rate this candidate's collegiality and ability to work with others

Not Known Limited Average Please Excellent

rate this candidate's scholarly potential

Not Known Not Applicable Limited Average High

Please rate this candidate's scholarly record

Not Known Not Applicable Limited Average High

Please provide a narrative assessment of this candidate as a potential voluntary faculty at the Wayne State University School of Medicine. Include reservations and areas of concern, if any.

Do you recommend this candidate for voluntary faculty appointment at Wayne State University School of Medicine?

No

Yes

Prefer not to answer

Completed by:

Name:

Title:

Institution:

Mailing Address:

Street & Number:

City:

Suite/Apt./Room:

State:

Zip Code:

Email Address:

Telephone Number:

Signature:

Date:

Please return this form by email to FAAppointments@med.wayne.edu