**Department / Division List of External Referees**

 Please complete and return to Head, UBC Department Medicine.

via email to: jane.zhang@ubc.ca or by fax: 604-875-4886

|  |  |  |  |
| --- | --- | --- | --- |
| **Candidate Name:** |       | **Division:** |       |

*(Please note that* *the external referees should be persons whose impartiality cannot be doubted. Clients, former associates, former research directors, co-authors and anyone within the UBC/provincial health system would not generally be regarded as being at arm’s length. Moreover, you should not communicate with the proposed referees about the matter in question since doing so might raise doubt about their impartiality. They must also be at the equivalent or higher rank than the position being considered. If you are an academic faculty member, they must also be in the academic stream.)*

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | *Name:* |  | *Institution:* |
|  | *Expertise:* | *Address:* |
|  | *Academic Rank:* |       |
|  | *Email Address:* |  | *Phone:* | *Fax:* |
| 2 | *Name:* |  | *Institution:* |
|  | *Expertise:* | *Address:* |
|  | *Academic Rank:* |       |
|  | *Email Address:* |  | *Phone:* | *Fax:* |
| 3 | *Name:* |  | *Institution:* |
|  | *Expertise:* | *Address:* |
|  | *Academic Rank:* |       |
|  | *Email Address:* |  | *Phone:* | *Fax:* |
| 4 | *Name:* |  | *Institution:* |
|  | *Expertise:* | *Address:* |
|  | *Academic Rank:* |       |
|  | *Email Address:* |  | *Phone:* | *Fax:* |

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