



**University of Mississippi Medical Center  
John D. Bower School of Population Health  
External Reviewer Relationship to Candidate  
Recommendation and Evaluation Form**

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This form will document an external reviewer relationship to a John D. Bower School of Population Health (SOPH) candidate applying for academic advancement, and provide a review and evaluation of candidate's qualifications for promotion and/or tenure.

**Part I**

**Section 1: Candidate Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Employee ID (if known): \_\_\_\_\_ Current Role: \_\_\_\_\_

Advancement Type: Promotion Only  Tenure Only  Promotion and Tenure

Track: Tenure-Track  Non-Tenure Track

Rank for Promotion: Professor  Associate Professor  Assistant Professor

Mission Area Effort %: Service \_\_\_\_\_ Education \_\_\_\_\_ Research \_\_\_\_\_  
(Tenure-Track faculty will have effort in all 3 Mission Areas; Non-Tenure-Track faculty will have effort in at least 2 Mission Areas)

**Section 2: Department Information**

Department: Data Science  Population Health Science  Preventive Medicine

Appointment, Promotion, & Tenure Chair: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_@umc.edu

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Thank you for agreeing to serve as an external reviewer for this candidate's application for academic advancement at the University of Mississippi Medical Center.

As an external reviewer, you have two tasks: (1) identify any relationship between you and the candidate, and (2) evaluate the activities and qualifications of the candidate by comparing the candidate's curriculum vitae (CV) and supporting materials to the SOPH applicable promotion and tenure guidelines.

Your candidate review will remain confidential. Do not share or discuss feedback with the candidate. Send your completed evaluations to the Department Contact listed above; and you are encouraged to contact them for any questions and clarifications.

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

**Part II - Relationship to the Candidate and Their Work**

The following relationships within the past three (3) years or any conflict of interest that would hinder an impartial review should be disclosed to the department contact and you should to decline completion of the external evaluation. If you choose to decline completion please notify the department contact above.

<b>My relationship to the candidate and their work is based on the following (check all that apply):</b>	
Present or past supervisor, colleague, or associate (at a past or present institution as a student, postdoctoral fellow, resident, subspecialty fellow, or faculty member)	
Past mentor, dissertation advisor, or other direct mentoring relationship	
Collaborator (co-investigator on grant and/or co-authored paper)	
Personal relationship (family, friend, etc.)	
None of the above	
<b>Explanation of Relationship:</b> Other than “None of the above,” any checkmark requires an explanation of your relationship with the candidate. Please provide dates and any further comment below:	

<b>My knowledge of candidate’s work is based on the following (check all that apply):</b>	
Curriculum Vitae (CV)	
Publications	
Presentations	
Personal discussions	
Participation together on review panels (study section, advisory boards, etc.)	
Other	
<b>Explanation of Knowledge:</b> If marked “Other,” please specify.	

**Part III – Candidate Evaluation**

Have you received the John D. Bower School of Population Health promotion and/or tenure guidelines for the advancement category that the candidate is being considered?                      Yes  No

Have you compared the candidate’s CV and supporting materials to the applicable promotion and/or tenure guidelines for the advancement category that the candidate is being considered?                      Yes  No

*If you have answered the previous two (2) questions with “Yes”, please proceed.*

Based on your review, please provide a Scholarship Assessment Overall Rating and Mission Area Ratings below – considering the Mission Area percentages for this candidate. In addition to your rating, provide comments that highlight significant accomplishments or deficiencies within the context of the candidate’s discipline.

Note that tenure-track faculty are required to have effort in all three areas. Non-tenure track faculty are required to have effort in at least two areas. See top of form for mission area percentages. In addition to your rating, provide comments that highlight significant accomplishments or deficiencies within the context of the candidate’s discipline.

Scholarship Assessment rating scale definitions:

- Excellent** – Demonstrates achievement meeting all guidelines
- Very Good** – Demonstrates achievement meeting majority of guidelines
- Good** – Active achievement based on guidelines
- Weak** – Limited achievement based on guidelines
- Poor** – Very limited achievement based on guidelines

Overall Rating	
Scholarship Assessment	Comments Corresponding to the Rating
Excellent	
Very Good	
Good	
Weak	
Poor	

**Mission Area Rating – Service**

Complete with consideration to the mission area percentage for the faculty candidate indicated at the top of this form. If no percentage effort assigned, do not complete.

Scholarship Assessment	Comments Corresponding to the Rating
Excellent	
Very Good	
Good	
Weak	
Poor	

**Mission Area Rating – Education**

Complete with consideration to the mission area percentage for the faculty candidate indicated at the top of this form. If no percentage effort assigned, do not complete.

Scholarship Assessment	Comments Corresponding to the Rating
Excellent	

Very Good	
Good	
Weak	
Poor	

<b>Mission Area Rating – Research</b>	
Complete with consideration to the mission area percentage for the faculty candidate indicated at the top of this form. If no percentage effort assigned, do not complete.	
Scholarship Assessment	Comments Corresponding to the Rating
Excellent	
Very Good	

Good	
Weak	
Poor	

**Part IV**

**Section 1: External Reviewer Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Current Role/Title: \_\_\_\_\_

Institution: \_\_\_\_\_

**Section 2: External Reviewer Attestation**

I attest that I have completed a thorough and objective review of the candidate's work.

Yes  No

I affirm that my review of the candidate's work will remain confidential and will not be shared with the candidate.

Yes  No

External Reviewer signature: \_\_\_\_\_ Date: \_\_\_\_\_