**Department of Anesthesiology & Pain Medicine**

**CANDIDATE NAME**

Please be sure to complete all fields (incomplete forms will be sent to you for completion, and this may result in delays). Please submit this form electronically as a Word document, NOT a PDF to [promotions.anesthesia@utoronto.ca](mailto:promotions.anesthesia@utoronto.ca). We will cut and paste the information from this template directly into the letters.

Please ensure accurate email addresses. The Chair’s Office will contact your referees directly to request references – please do not do so yourself.

**EXTERNAL REFEREES** (minimum of 3, maximum of 4)

* External to the University of Toronto and its affiliated hospitals.
* Do not list former supervisors, collaborators (within the last 5 years) or students (i.e., cannot be co-authors or co-investigators/co-applicants on grants).
* Academic rank must be equal to or greater than the rank being sought for promotion.

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| --- | --- |
| **External Referee # 1** | |
| **Title(s)** |  |
| **Academic Rank** |  |
| **Institution/University** |  |
| **Address**  **City/State/Province**  **Country**  **Postal Code** |  |
| **Email** |  |
| **External Referee # 2** | |
| **Title(s)** |  |
| **Academic Rank** |  |
| **Institution/University** |  |
| **Address**  **City/State/Province**  **Country**  **Postal Code** |  |
| **Email** |  |
| **External Referee # 3** | |
| **Title(s)** |  |
| **Academic Rank** |  |
| **Institution/University** |  |
| **Address**  **City/State/Province**  **Country**  **Postal Code** |  |
| **Email** |  |
| **External Referee # 4** | |
| **Title(s)** |  |
| **Academic Rank** |  |
| **Institution/University** |  |
| **Address**  **City/State/Province**  **Country**  **Postal Code** |  |
| **Email** |  |

**STUDENT REFEREES** (minimum of 4, maximum of 6)

|  |  |
| --- | --- |
| **Student Referee # 1** | |
| **Position during Training** *(e.g., fellow, resident, grad student, etc.)* |  |
| **Current Position Title(s)** |  |
| **Institution/University** |  |
| **Address**  **City/State/Province**  **Country**  **Postal Code** |  |
| **Email** |  |
| **Student Referee # 2** | |
| **Position during Training** *(e.g., fellow, resident, grad student, etc.)* |  |
| **Current Position Title(s)** |  |
| **Institution/University** |  |
| **Address**  **City/State/Province**  **Country**  **Postal Code** |  |
| **Email** |  |
| **Student Referee # 3** | |
| **Position during Training** *(e.g., fellow, resident, grad student, etc.)* |  |
| **Current Position Title(s)** |  |
| **Institution/University** |  |
| **Address**  **City/State/Province**  **Country**  **Postal Code** |  |
| **Email** |  |
| **Student Referee # 4** | |
| **Position during Training** *(e.g., fellow, resident, grad student, etc.)* |  |
| **Current Position Title(s)** |  |
| **Institution/University** |  |
| **Address**  **City/State/Province**  **Country**  **Postal Code** |  |
| **Email** |  |
| **Student Referee # 5** | |
| **Position during Training** *(e.g., fellow, resident, grad student, etc.)* |  |
| **Current Position Title(s)** |  |
| **Institution/University** |  |
| **Address**  **City/State/Province**  **Country**  **Postal Code** |  |
| **Email** |  |
| **Student Referee # 6** | |
| **Position during Training** *(e.g., fellow, resident, grad student, etc.)* |  |
| **Current Position Title(s)** |  |
| **Institution/University** |  |
| **Address**  **City/State/Province**  **Country**  **Postal Code** |  |
| **Email** |  |