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| Damon Runyon-Rachleff Innovation Award **Reference Letter Form**  ***\*\*for Clinical Instructor, Senior Clinical Fellows and Distinguished Fellows only\*\**** | | |
| **Applicant’s Name:** | **Project Title:** | |
| *The above named applicant is applying for the Damon Runyon-Rachleff Innovation Award. Clinical Instructors and Senior Clinical Fellows (in their final year of their sub-specialty training) holding an MD, and Distinguished Fellows are required to include a letter of recommendation from his/her mentor or institutional equivalent. The review committee would appreciate your candid comments regarding the applicant’s research and academic accomplishments, the level of innovation and importance of the proposed research, the characteristics of the applicant that make him/her uniquely suited to carry out the proposed research, as well as the potential for the applicant to be a true innovator. In addition, please address the independence of the applicant, the institutional commitment to the applicant’s standing as an independent investigator, and his/her potential to manage a successful, independent research program.*  **Please email this form to** [**innovation@damonrunyon.org**](mailto:innovation@damonrunyon.org) **or fax to 212.455.0529 by July 6, 2017.** | | |
| Referee’s Name: | Referee’s Position Title: | |
| Referee’s Email Address: | Referee’s Institution: | |
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