

ATIP Reviewer Information

Please provide information for 2 Internal and 2 External Reviewers in your electronic application. Print and use this this template as a guide.

IMPORTANT! Reviewers must not have a Conflict of Interest (COI) with the Principal Investigator or anyone else with a significant role in the project. See FOA for information about COIs under the Reviewers section. For the purposes of this application, UM faculty members outside of UMB are considered external reviewers.

Visit the ICTR website for ATIP FAQs on COI <https://www.umaryland.edu/ictr/funding/atip-grant-program-foa/atip-faqs/>

PLEASE, do not designate foreign nationals as reviewers.

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1. Reviewer Type: External
 Internal
-
2. Last Name:
-
3. First Name:
-
4. Middle Initial:
-
5. Academic Rank: Assistant Professor
 Associate Professor
 Professor
 Other
Reviewers must have equivalent Rank of Assistant Professor or higher
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- 5a. If 'Other', please specify:
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6. Reviewer Email Address: **(Please do not use personal email address)**
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7. Phone Number: **(Best contact number to reach Reviewer)**
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8. Highest Degree:

- DDS
- DMD
- DMsc
- DNP
- DO
- DrPH
- EdD
- JD
- MBBS
- MD
- MA
- MBA
- MPH
- MS
- MSN
- MSW
- PharmD
- PhD
- ScD
- Other

8a. If 'Other', please specify:

9. Second Degree (optional):

If External Reviewer, skip to 10b

10. Reviewer School Affiliation:

- UMB School of Dentistry
- UMB School of Social Work
- UMB School of Pharmacy
- UMB School of Nursing
- UMB School of Medicine
- UMB Francis King Carey School of Law
- UMB Graduate School

10a. Department (primary appointment):

External Reviewer

10b. External Reviewer Institution/Organization:

10c. City:

10d. State:
