

I have known Dr. xxxx for over 6 years. I was one of the core faculty members for his Medical Toxicology Fellowship at SUNY Upstate in Syracuse, New York and I have remained a mentor to Dr. xxxx since. I currently work with Dr. xxxx at the University of Rochester Medical Center in Rochester, New York.

For the first two years after his fellowship, while he was at the University of Vermont, I worked with Dr. xxxx in a variety of professional and academic capacities (e.g. ACMT and NYSAM) and I was subsequently involved in recruiting him to his current position in the Department of Emergency Medicine with the Division of Toxicology at the University of Rochester Medical Center in Rochester, New York. Dr. xxxx current medical practice is housed primarily in this Department and Division. This Division is responsible for the inpatient Toxicology and Addiction Consultation service for Strong Memorial Hospital, an over 700-bed academic tertiary care hospital in Rochester, New York, and its sister hospital Highland, also in Rochester, New York. In addition to covering the Toxicology and Addiction Consultation service Dr. xxxx works shifts in the Emergency Department and covers an outpatient Medication Assisted Treatment clinic that is staffed by Medical Toxicology faculty. I am familiar with Dr. xxxx practice and professional work in addiction medicine through a combination of close personal observation, collaboration and supervision as well as administrative review of consultation, QA/QI and billing records.

Dr. xxxx has been a member of the ACMT Addiction Medicine Section and Committee for several years and involved in addiction-related advocacy and other initiatives through ACMT. Dr. xxxx has presented and served as panelist for the NYSAM Annual Conference, which I have helped organize and moderate. Dr. xxxx has been involved with SUNY Upstate overdose prevention efforts related to the Poison Center consultation work he has maintained since fellowship. Dr. xxxx serves as one of the core faculty for the addiction/toxicology case conference I host on the 3<sup>rd</sup> Friday of each month. As core faculty he is involved not only in discussion and facilitation but with preparatory time and review. Dr. xxxx has been involved in writing projects related to toxicology and addiction including as first author for a paper published in the Journal of Addiction Medicine on the synthetic cannabinoid withdrawal syndrome. Dr. xxxx is now faculty in the UR Medicine Combined Addiction Medicine Fellowship training program as part of his position at the University of Rochester Medical Center.

In addition to various conference, administrative and ongoing curriculum and lecture activities Dr. xxxx has maintained a substantial amount of practice time working clinically in addiction medicine. This has been through a combination of Medical Toxicology, Emergency Medicine and Poison Center work. Not only has this work included a substantial amount of exposure to addiction medicine content much of it includes direct practice in addiction medicine including coverage in an outpatient buprenorphine clinic and inpatient addiction medicine CL work.

## PART 2:

Dr. xxxx is a personable and charismatic colleague. He has a high degree of integrity and he maintains a high degree of professionalism and ethical behavior. I was one of the core faculty for his Medical Toxicology fellowship program and part of his evaluation team. He received high marks in professional and ethical behavior during fellowship. He was an exemplary fellow and he has maintained his work ethic and professional standards since. I was involved in recruiting Dr. xxxx to the University of Rochester to work in the Department of Emergency Medicine and Division of Toxicology. In his current position Dr. xxxx has substantial exposure to individuals suffering from addiction. He is considerate and displays a high degree of empathy and understanding. He supervises students, residents and fellows in his current position and the feedback I have received from his work has been excellent. My close personal observation has been that he has a high degree of ethical and professional behavior.

Dr. xxxx maintains > 24 hours of addiction medicine work per week through a combination of work in Emergency Medicine, Medical Toxicology and direct addiction medicine. In addition to this he has maintained consultant activities that are heavily involved in addiction-related clinical work for the SUNY Upstate Poison Center. He is faculty for the toxicology and addiction medicine consultation service at the University of Rochester Medical Center. He is faculty for the University of Rochester Combined Addiction Medicine fellowship training program and he is involved in a variety of additional professional, academic and administrative work related to addiction medicine through various professional group involvement including the American Academy of Clinical Toxicology (a webinar and podcast related to toxicology activities that features content in addiction medicine), the American College of Medical Toxicology (addiction medicine section and committee work discussed above), publication and research in this area and through presentation at NYSAM and other conferences (he is slated for involvement as panelist at the 2018 NYSAM Annual Conference). His clinical work includes coverage of the Toxicology and Addiction consultation service, which is involved in over 120 unique encounters monthly in the inpatient and ED setting at Strong and Highland Hospitals in Rochester, New York. Over 75% of these are related to overdose, acute intoxication from drugs of abuse or drug withdrawal syndrome or related to the use of buprenorphine and hospital management of patients on buprenorphine or methadone. Dr. xxxx also spends approximately 6-10 hours covering a buprenorphine clinic staffed by the Toxicology Division at UR Medicine.

Dr. xxx is a highly skilled clinician. I have been involved in evaluating, mentoring and now work closely alongside Dr. xxxx in his current position. He has gained an incredible knowledge base related to the pharmacology and toxicology of not only drugs of abuse but in the use of buprenorphine as a therapeutic in a variety of settings. Because of his skill I have included Dr. xxxx as a core faculty for a case

conference and webinar which is presented nationally to a Medical Toxicology and Addiction audience at various training programs and other venues. Dr. xxxxx holds Board Certification in Emergency Medicine, Medical Toxicology and he is pursuing Addiction Medicine based on the Practice Pathway which he achieves through substantial work and exposure (as discussed above). Dr. xxxxs performance and abilities related to addiction medicine practice rank in the top 10% of providers I have seen. I have been in contact with, evaluated or worked alongside a substantial number of providers in addiction medicine.