

## PERSONAL REFERENCE LETTER

### CONFIDENTIAL

\_\_\_\_\_, has applied for Medical Staff Membership at our facility and has listed your name as a reference. Please answer the questions below, sign, and return in the enclosed envelope. All information submitted will be held in strict confidence.

1. How long have you known this individual? \_\_\_\_\_
2. Nature of your relationship with individual? \_\_\_\_\_
3. Do you consider his/her personal qualifications, character, and reputation to be such that you could recommend him/her for staff appointment? \_\_\_\_\_
4. Do you know, of your own knowledge, the quality of medicine practiced by applicant? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
5. Is the quality of medicine practiced by the applicant such that you could recommend him/her for staff reappointment? \_\_\_\_\_

6. Any comments you would like to make? \_\_\_\_\_

Submitted by: \_\_\_\_\_  
(Print)

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

\_\_\_\_\_  
(Signature)

Sincerely,

Susan Zweig  
Director of Nursing  
Peninsula Procedure Center  
Fax: 650-395-4121