



## Reference Letter Form

Revised 7/2021

The letter should reference a performance statement and how long you have known the applicant. Reference letters must be sent directly from the referring physician via US Mail. Self-addressed envelopes and electronic submissions will not be accepted. **Reference letters that do not contain the professional title/suffix of the signee will not be accepted.**

- ☐ I understand I am not required to provide the following information, and I ask that the following responses be kept confidential. If requested here, the Board will grant confidentiality for the below information.

**Provider Reference for:**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

**Reference Completed by:**

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Suffix

**Hospital, Clinic, Facility name at the time of association:**

**1. When was the last time you had clinical contact with the provider?**

**2. In what capacity were you acquainted with this provider?**

**3. How long have you known this provider?**

**4. What are this provider's strengths?**

**5. Would you recommend this practitioner for licensure? Please explain.**

Print \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_