



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 _____