Department of Health Professions
Commonwealth of Virginia
Board of Medicine
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463
Phone(804)-367-4471
Fax (804) 527-4426
email: medbd@dhp.Virginia.gov

Applicant: Please print/type name and location of organization completing this form (Should match organization listed on employment activity page of application)

_____ _____

_____ **Please clearly print/ type name of Applicant**

_____ **Date of Birth:**_____

The Virginia Board of Medicine, in its consideration of a candidate for licensure, depends on information from persons and institutions regarding the candidate's employment, training, affiliations, and staff privileges. Please complete this form to the best of your ability and return it to the board so the information you provide can be given consideration in the processing of this candidate's application in a timely manner. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Virginia Board of Medicine any information, files or records requested by the board in connection with the processing of my application.

Signature of Applicant _____

Item #1 must be completed, or form may be invalid

1. Date and type of service: This individual served with us as _____ from _____ to _____.
(Month/Year) (Month/Year)

2. Please evaluate: (Indicate with check mark)

		Poor	Fair	Good	Superior
Professional knowledge					
Clinical judgment					
Relationship with patients					
Ethical/professional conduct					
Interest in work					
Ability to communicate					

3. Recommendation: (please indicate with check mark)
- Recommend highly and without reservation ☐; Recommend as qualified and competent ☐
- Recommend with some reservation (explain) _____
- Do not recommend (explain) _____

4. Of particular value to us in evaluating any candidate regarding any notable strengths and weaknesses (including personal demeanor). We would appreciate such comments from you.

_____

_____

5. The above report is based on: (please indicate with check mark)
- Close personal observation ☐; General impression ☐; A composite of evaluations ☐;
- Other: _____

Date: _____ Signed by: _____
Print or type name: _____
Title: _____

(This report will become a part of the applicant's file and may be reviewed by the applicant upon request.)