JANET T. MILLS
GOVERNOR

STATE OF MAINE
BOARD OF OSTEOPATHIC LICENSURE
142 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0142

CHRISTINE MUNROE, D.O.
BOARD CHAIR

RACHEL MACARTHUR
EXECUTIVE SECRETARY

Professional Reference Questionnaire

Professional Evaluation Re: _____ Date: _____

Reference Provided By: _____

Please answer all questions based on your personal knowledge and direct observation. Your candor will be greatly appreciated, and your answers will remain confidential, except as necessary for accomplishing the licensing process.

RELATIONSHIP OF REFERENCE SOURCE TO APPLICANT

How long have you known the applicant? From _____ to _____

During what time period did you have the opportunity to Observe applicant's practice of his/her specialty? From _____ to _____

Indicate observation method: ☐ Direct Observation ☐ Peer Review ☐ Referrals ☐ Reputation

Was your observation done in connection with any official professional title or position? (i.e. Dept Chair, Residency Director, Supervisor/Preceptor)? _____ If **NO**, please indicate below how you were able to observe the licensee:

_____

CLINICAL EVALUATION

This evaluation should be based on demonstrated performance compared to that reasonably expected of a practitioner with a similar level of training experience and background as this one. If you do not have the knowledge to answer a question, please indicate "no information".

Basic Medical Knowledge	☐ Unsatisfactory*	☐ Marginal*	☐ Satisfactory	☐ No Information
Professional Judgment	☐ Unsatisfactory*	☐ Marginal*	☐ Satisfactory	☐ No Information
Sense of Responsibility	☐ Unsatisfactory*	☐ Marginal*	☐ Satisfactory	☐ No Information
Clinical Competence	☐ Unsatisfactory*	☐ Marginal*	☐ Satisfactory	☐ No Information
Ethical Conduct	☐ Unsatisfactory*	☐ Marginal*	☐ Satisfactory	☐ No Information
Patient Management	☐ Unsatisfactory*	☐ Marginal*	☐ Satisfactory	☐ No Information
Physician/Patient Relationships	☐ Unsatisfactory*	☐ Marginal*	☐ Satisfactory	☐ No Information
Relationship w/Peers & Hospital Personnel	☐ Unsatisfactory*	☐ Marginal*	☐ Satisfactory	☐ No Information
Communication & Rapport with Patients	☐ Unsatisfactory*	☐ Marginal*	☐ Satisfactory	☐ No Information

*Please provide comments related to Section A: _____

_____

PHONE: 207-287-2480
FAX 207-536-5811

EMAIL: OSTEO.PFR@MAINE.GOV
WEB: WWW.MAINE.GOV/OSTEO

 Professional Reference Re: _____

If there is additional information that would assist the Board in evaluating the clinical abilities and other skills of this applicant for licensure, please use a separate sheet.

ACTIONS, CONDUCT, & HEALTH STATUS

If any of the following questions are answered "yes", please provide full details on a separate sheet.

To the best of your knowledge, has this applicant ever been subject to any disciplinary action, such as imposition of consultation requirements, suspension, or termination?	☐ YES	☐ NO	☐ Unknown
Are/were such actions, listed above, in process or pending against the applicant?	☐ YES	☐ NO	☐ Unknown
To the best of your knowledge, has the applicant ever been under investigation by any governmental or other legal body?	☐ YES	☐ NO	☐ Unknown
Do you know of any malpractice actions instituted within the past 2 years, or in process against the applicant?	☐ YES	☐ NO	☐ Unknown
To the best of your knowledge, does the applicant have any behavior, physical, or mental condition (incl. drug or alcohol dependence) that could affect their exercise of clinical privileges or provision of quality, safe patient care?	☐ YES	☐ NO	☐ Unknown

RECOMMENDATION

☐ Recommend without reservations

☐ Recommend with the following reservations:

_____

_____

☐ Do **not** recommend

Reference provided by: *Please print* _____

Date: _____ Signature: _____

Contact Phone Number: _____ Email: _____

Pls include area code

Please return this form to Rachel MacArthur, Executive Secretary
Address: 142 State House Station, 161 Capitol St Augusta, ME 04333-0142
Email: OSTEO.PFR@maine.gov FAX: 207-536-5811
****Please refer to licensee's name in email/fax correspondence****