JANET T. MILLS
GOVERNOR

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

MELISSA MICHAUD, PA-C
BOARD CHAIR

RACHEL MACARTHUR
EXECUTIVE SECRETARY

OSTEOPATHIC PHYSICIAN
PROFESSIONAL REFERENCE QUESTIONNAIRE

Please type or print NEATLY

Evaluation Re:_____ Date:_____

Reference Provided By:_____

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

Relationship of Reference Source to Applicant

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

If different from above, during what period did you have the opportunity to observe applicant's practice of his/her specialty? From _____ to _____

Indicate 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, Proctor/Preceptor/Supervisor)? _____ 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 particular question, please indicate "no information".

Basic Medical Knowledge:	___Unsatisfactory*	____Marginal*	____Satisfactory	____No Info
Professional Judgment:	___Unsatisfactory*	____Marginal*	____Satisfactory	____No Info
Sense of Responsibility:	___Unsatisfactory*	____Marginal*	____Satisfactory	____No Info
Clinical Competence:	___Unsatisfactory*	____Marginal*	____Satisfactory	____No Info
Ethical Conduct:	___Unsatisfactory*	____Marginal*	____Satisfactory	____No Info
Patient Management:	___Unsatisfactory*	____Marginal*	____Satisfactory	____No Info
Physician/Patient Relationship:	___Unsatisfactory*	____Marginal*	____Satisfactory	____No Info
Peer/Personnel Relationships:	___Unsatisfactory*	____Marginal*	____Satisfactory	____No Info
Communication/Rapport:	___Unsatisfactory*	____Marginal*	____Satisfactory	____No Info

*Please provide comments relating to section above:_____

_____

_____

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

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

Evaluation 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 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, suspensions, or terminations?	___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 two 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 (including dependence on drugs or alcohol) that could affect their exercise of clinical privileges or provision of quality, safe patient care?	___YES	___NO	___Unknown

RECOMMENDATION

☐ Recommend without reservation

☐ Recommend with the following reservations:

_____

_____

☐ Do Not Recommend

Your Printed Name: _____

Date: _____ Signature: _____

Please return this form to: Rachel MacArthur, Executive Secretary
Email: *osteo.pfr@maine.gov* ***FAX#:*** **207-536-5811**
Mail: Board of Osteopathic Licensure, 142 SHS, Augusta, ME 04333-0142