

Maine Board of Osteopathic Licensure
 142 State House Station, 161 Capitol Street
 Augusta, ME 04333-0142
 Phone: 207/287-2480
 Fax: 207/536-5811 or E-Mail: osteopfr@maine.gov

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 the applicant's practice of his/her specialty (if different from the above)?	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., Department Chair, Residency Director, Proctor/Preceptor/Supervisor). If yes, please indicate title below: _____	

A. 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 knowledge to answer a particular 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 and Hospital Personnel	Unsatisfactory* _____	Marginal* _____	Satisfactory _____	No Information _____
Communication & Rapport with Patients	Unsatisfactory* _____	Marginal* _____	Satisfactory _____	No Information _____

*Please provide your comments relating to Section A: _____

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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.

B. 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___	Don't know___
Are/were such actions, listed above, in process or pending against the applicant?	Yes___	No___	Don't know___
To the best of your knowledge, has the applicant ever been under investigation by any governmental or other legal body?	Yes___	No___	Don't know___
Do you know of any malpractice actions instituted within the past two years or in process against the applicant?	Yes___	No___	Don't know___
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 his or her exercise of clinical privileges or provision of quality, safe patient care?	Yes___	No___	Don't know___

C. Recommendation

Recommend without reservations

Recommend with the following reservations

Do not recommend

Reference provided by: _____

Date: _____ Signature: _____

What is the best time to contact you by telephone? _____ Telephone Number: _____

Please return this form to: Susan E. Strout, Executive Secretary at the address atop this form, fax it to: 207/536-5811 or submit it via e-mail to: osteopfr@maine.gov