Maine Board of Osteopathic Licensure
142 State House Station, 161 Capitol St Augusta, ME 04333-0142
P:(207) 287-2480 E: osteo.pfr@maine.gov

Professional Reference Questionnaire

Professional Evaluation Re: _____ Date: _____

Reference Provided By: _____
Please Print Neatly

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 (if different than 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. Dept. 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 the 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 & Hospital Personnel	___Unsatisfactory*	___Marginal*	___Satisfactory	____No Information
Communication & Rapport with Patients	___Unsatisfactory*	___Marginal*	___Satisfactory	____No Information

*Please provide your comments relating to section A: _____

_____

_____

Professional 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.

B. Actions, Conduct, and 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 their 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: *Please Print* _____

Date:_____ Signature:_____

Best time to contact you by telephone? _____ Phone Number: _____

Please return this form to: Rachel MacArthur, Executive Secretary at the header address.
You may also submit via email to osteo.pfr@maine.gov
Thank you!