



**Secretary of State  
Office of Professional Regulation**

**OSTEOPATHIC PHYSICIAN  
Reference Form**

Both pages of the Reference Form to be completed by a Chief of Services and two from active Physician Staff Members to be sent directly to this Office at the above address.

Name of Applicant: \_\_\_\_\_

Name and title of the person completing this form: \_\_\_\_\_

The physician named above has applied to the Vermont Board of Osteopathic Physicians and Surgeons for a license to practice medicine in Vermont. The applicant has listed your name as one who has requisite knowledge through recent observation of the applicant's current clinical competence, ethical character, and ability to work cooperatively with others. In this regard, please complete the following reference form. Thank you for your cooperation.

Please complete all parts of this form. If more room is needed, please attach additional information.

Dr. \_\_\_\_\_ was/is at \_\_\_\_\_ from \_\_\_\_\_

to \_\_\_\_\_. During that time, he/she was/is (list status in the institution): \_\_\_\_\_.

**Important Note:** If you rate the applicant "poor" or "fair" in a particular category, please elaborate on this aspect of the reference in as much detail as possible.

**Section A.**

Basic Medical Knowledge:		Poor		Fair		Average		Above Average
Professional judgment:		Poor		Fair		Average		Above Average
Sense of responsibility:		Poor		Fair		Average		Above Average
Moral character/ethical conduct:		Poor		Fair		Average		Above Average
Competence and skill:		Poor		Fair		Average		Above Average
Cooperativeness, ability to work with others:		Poor		Fair		Average		Above Average
History and physical exam taking:		Poor		Fair		Average		Above Average
Record keeping:		Poor		Fair		Average		Above Average
Case presentations:		Poor		Fair		Average		Above Average
Patient management:		Poor		Fair		Average		Above Average
Physician-Patient relationship:		Poor		Fair		Average		Above Average
Competence in being able to communicate in reading, writing and speaking the English language:		Poor		Fair		Average		Above Average
Participation in Medical Staff Affairs:		Poor		Fair		Average		Above Average



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**Section B.**

<b>1.</b> To the best of your knowledge, does/did the applicant carry out the duties and responsibilities of the position at your institution in a satisfactory manner?	Yes	No
If you answered "No" to the question above, please explain: _____ _____		
<b>2.</b> Does the applicant call upon consultants when needed?	Yes	No
If you answered "No" to the question above, please explain: _____ _____		

**Section C.**

<b>Important Note:</b> If you answer "Yes" to any of the following questions, please explain in as much detail as possible.		
<b>1.</b> Do you know of any emotional disturbance, mental illness, organic illness, alcohol or drug problem, which might impair the applicant's ability to practice medicine?	Yes	No
<b>2.</b> Do you know of any pending professional misconduct proceedings or medical malpractice claims?	Yes	No
<b>3.</b> Do you know if the applicant has been a defendant in any criminal proceeding other than minor traffic offenses? (Note: Driving While Intoxicated (DWI) is <b>not</b> minor)	Yes	No
<b>4.</b> Do you know of any suspension, restriction or termination of training or professional privileges for reasons related to mental or physical impairment, incompetence, misconduct or malpractice?	Yes	No
<b>5.</b> Do you know of any resignation or withdrawal from training or of professional privileges to avoid imposition of disciplinary measures?	Yes	No
<b>6.</b> Do you know of any confirmed quality problem (quality of hospital care provided to Medicare patients) by the Peer Review Organization (PRO) in Vermont or elsewhere?	Yes	No
<b>7.</b> Do you know of a failure of the applicant to complete a residency training program(s)?	Yes	No

Please feel free to use the reverse side for elaboration on the above and any additional information you have available to aid the Board in evaluating this applicant. Of particular value to us in evaluating any candidate are comments regarding his/her notable strengths and/or weaknesses. We would appreciate such comments from you. Any additional information should be attached to this form.

The above report is based on:

- \_\_\_\_ Close personal observation
- \_\_\_\_ General impression
- \_\_\_\_ A composite of faculty/staff evaluations
- \_\_\_\_ Other – Specify: \_\_\_\_\_

I further certify that at the time of completion of the above training, or during my association with the physician, he/she was competent to practice medicine and he/she was not the subject of any disciplinary action.

I recommend \_\_\_\_\_ for licensure in Vermont.  
(Name of Physician)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_