

VI Board of Medical Examiners

PO Box 222995

Christiansted, VI 00822-2995

340-774-7477 xt 5694

PROFESSIONAL RECOMMENDATION

This form must be completed and mailed DIRECTLY to the VI Board of Medical Examiners (VIBME) at PO Box 222995, Christiansted, VI 00822-2995. VIBME requires the completion of two (2) Professional Recommendation forms from the Chief Medical Officer (or Chief of Service) of the hospital where I have privileges and/or a licensed physician with whom I have worked and who has personal knowledge of my character, personal reputation, background and professional ability. This form is required as part of my application for licensure. **All** elements in the section below **must** be completed. The lower half of the form may be used for narrative comment. This is my authorization to send this completed form and release all information in your files, favorable or otherwise directly to the VI Board of Medical Examiners.

Applicant's Name: _____ Date of Birth ____/____/____

Applicant's Signature: _____ Date: _____

Address: _____ City: _____ State _____ Zip _____

ALL ELEMENTS IN THIS SECTION MUST BE COMPLETED BY THE RECOMMENDING PHYSICIAN

The information on this form is confidential, this is NOT a public document.

1. Date and type of service: This individual served with me as _____

from _____ to _____ at _____
Month/Year Month/Year Location

2. Please indicate with check mark:

	Poor	Fair	Good	Superior
Professional knowledge				
Clinical judgement				
Relationships with patients				
Ethical/Professional conduct				
Ability to communicate				
Clinical skills				

3. Recommendation (please indicate with a check mark):

- Recommend highly without reservation
- Recommend as qualified and competent
- Recommend with some reservation (explain)
- Concerns (explain)

4. Of particular value in evaluating the candidate is information regarding any notable strengths and weaknesses (including personal demeanor). We would appreciate your comments.

5. The above report is based on: (please indicate with a check mark)

- Close personal observation General impression A composite of evaluations
 Other

Name (Print): _____ Title: _____ Phone: _____

Signature: _____ Date: _____