



PROFESSIONAL REFERENCE

NAME		REFERENCE FOR	
SPECIALTY		SPECIALTY	
LOCATION			

The applicant above has given your name to contact as a professional reference. We would like to thank you in advance for your time and prompt attention. Please respond to the following eight (8) questions and return this reference to **Fax # 256-389-9000**.

1. How long have you known the applicant? _____
 - In what capacity? _____
 - When was the last time you worked with the applicant? _____
2. Are you aware of any personal problems that would affect the applicant's ability to work? _____
3. To your knowledge, has the applicant been treated for any alcohol or substance abuse? _____
4. Are you aware of any malpractice claims filed against applicant? _____
5. To your knowledge, has the applicant been involved in criminal activity? _____
6. Would you feel comfortable allowing this applicant to treat a member of your family? _____

7. Please rate the following:

	EXCELLENT	GOOD	AVERAGE	SATISFACTORY	POOR	N/A
Clinical Skills						
Quality of Care						
Interpersonal Skills/Administration						
Interpersonal Skills/Peers						
Interpersonal Skills/Staff						
Interpersonal Skills/Patients						
Interpersonal Skills/Families						

8. *** We value your opinion, please add additional comments.

Verbal Reference Taken By: _____ Date: _____

Written Reference Signature: _____ Date: _____

Please Print Name: _____