



PO Box 92200
 Albuquerque, NM 87199-2200
 7471 Pan American Freeway NE 87109
 Phone: (505) 346-0222
 Toll free: (866) 908-0070 x2006
 Fax: (505) 346-0287
www.nmhsc.com
www.lacredentials.com



PROFESSIONAL RECOMMENDATION

This form is required as part of the practitioner's credentials application. All elements must be completed. Please provide all information, favorable or otherwise, so that it may be considered by the entity requesting the reference.

Applicant: _____ Reference Name: _____
 Doc Code: _____ Facility: _____
 Address _____
 City, State, ZipCode _____

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

1. Date and type of services: This individual served with me as _____
 From: (month/year) _____ To: (month/year) _____

2. Please evaluate: (Please indicate with a check mark)	Poor	Fair	Good	Superior
Medical/clinical/professional knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical/professional conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication and interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical and clinical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Recommend highly and without reservation	<input type="checkbox"/>
Recommend as qualified and competent	<input type="checkbox"/>
Recommend with some reservation (explain)	<input type="checkbox"/>
Concerns (explain)	<input type="checkbox"/>

Explanation: _____

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

Explanation: _____

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

Close personal observation	<input type="checkbox"/>
General impression	<input type="checkbox"/>
A composite of evaluations	<input type="checkbox"/>
Other	<input type="checkbox"/>

6. To the best of your knowledge, does the applicant have: (if yes please provide an explanation)

a. Any physical condition that may affect their ability to perform essential job functions? Yes No

b. Any mental condition that may affect their ability to perform essential job functions? Yes No

Explanation: _____

Name (Please Print): _____ Date: _____
 Signature: _____ License#: _____ Title: _____