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:
Doc Code:

Reference Name:
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	☐	☐	☐	☐
Clinical judgement	☐	☐	☐	☐
Relationship with patients	☐	☐	☐	☐
Ethical/professional conduct	☐	☐	☐	☐
Communication and interpersonal skills	☐	☐	☐	☐
Technical and clinical skills	☐	☐	☐	☐

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

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

   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	☐
General impression	☐
A composite of evaluations	☐
Other	☐

Name (Please Print): _____ Date: _____

Signature: _____ License#: _____ Title: _____