

**North Dakota Board of Medicine
PHYSICIAN REFERENCE FORM**

TO APPLICANT: The North Dakota Board of Medicine requests completion of **TWO** personal reference forms. These forms must be mailed from the reference sources **directly** to the **ND Board of Medicine at 4204 Boulder Ridge Rd, Ste 260; Bismarck, ND 58503-6162**. The form may also be faxed to 701-989-6392 but **MUST** be sent with a fax cover sheet that provides the Board with the required primary source verification. In addition, the reference forms must meet the following criteria:

- a) Currently dated
- b) Contain an original signature
- c) **Two (2)** forms sent by physicians familiar with your practice and who have known you for one year or more. **Family members or physicians who are in the practice you are joining will NOT be accepted.**

Name of Applicant: _____
(First Name) (MI – if known) (Last Name)



REFERENCE SOURCE: Please complete this form, sign, and return to the ND Board of Medicine in a sealed envelope. **Please print or type all information.**

Important: The processing time for licensure directly depends on timely receipt of critical forms such as this.

From: _____

Address City State Zip

Area Code/Phone Number Email Address

1. How long have you known the applicant? _____

2. In what capacity are you acquainted with him/her? _____

NOTE: If you answer “YES” to any of the following questions please give an explanation (circle answers).

- | | | |
|---|-----|----|
| 3. Have you ever been aware of inadequate or poor medical practice by this physician or have you discussed concerns you had about his/her practice with other members of the medical staff? | Yes | No |
| 4. Are you aware of any boundary or ethical issues that would affect this applicant's ability to practice medicine? | Yes | No |
| 5. Are you aware of any derogatory information about this physician with respect to his/her ability to practice medicine? | Yes | No |

6. Do you have any knowledge of any issue(s) that would affect this applicant's ability to practice medicine? Yes No

NOTE: If you answer "NO" to questions 7, 8, or 9, please provide an explanation.

7. Does this physician exhibit a high degree of ethical and moral standards in his/her practice of medicine? Yes No

8. Does this physician display professional respect among his or her colleagues and in the community where this physician practices? Yes No

9. Do you recommend this physician for a medical licensure in North Dakota? Yes No

COMMENTS: _____

Signature

Title

Name of Personal Reference (Please Print)

Date

Email Address