

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

1. Have you ever received reports of poor practice by this naturopathic doctor, or have you discussed concerns you had about his/her practice with medical staff officers? Yes No
2. Are you aware of any boundary or ethical issues that would affect this applicant's ability to practice as a naturopathic doctor? Yes No
3. Do you know of any derogatory information about this applicant with respect to his/her ability to practice as a naturopathic doctor? Yes No
4. Do you know of any lawsuits having to do with this applicant's practice that this naturopathic doctor has either lost or settled out of court? Yes No
5. Do you know of any restrictions, limitations, or other actions of any nature taken against this naturopathic doctor by a hospital or other health-related entity? Yes No
6. Do you know of any issue(s) that would affect this applicant's ability to work as a naturopathic doctor in a competent, ethical, or professional manner? Yes No

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

7. Does this naturopathic doctor accept medical staff and hospital policies and function willingly according to these policies? Yes No
8. Do you recommend this naturopathic doctor for a license in North Dakota? Yes No

COMMENTS: _____

Signature

Title

Name of Personal Reference (Please Print)

Date

Email Address