

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 medical practice by this physician assistant, or have you discussed concerns you had about his/her practice with medical staff officers at a hospital? Yes No
2. Are you aware of any boundary or ethical issues that would affect this applicant's ability to practice as a physician assistant? Yes No
3. Do you know of any derogatory information about this applicant with respect to his/her ability to practice as a physician assistant? Yes No
4. Do you know of any lawsuits having to do with this applicant's practice that this physician assistant 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 physician assistant 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 physician assistant 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 physician assistant accept medical staff and hospital policies and function willingly according to these policies? Yes No
8. Do you recommend this physician assistant for a license in North Dakota? Yes No

COMMENTS: _____

Signature

Title

Printed Name of Reference

Date

Email Address