

**District of Columbia Board of Medicine  
MEDICAL TRAINING LICENSE  
Character Reference Form**

The District of Columbia Board of Medicine (Board), in its consideration of a candidate for licensure, depends on information by persons listed (i.e., references) regarding the candidate’s character, employment and observed performance while providing care to patients and working with peers and staff. Please complete this form to the best of your ability and return it to the Board so the information you provide can be given consideration in the processing of this candidate’s application.

**APPLICANT INFORMATION**

<b>First Name:</b>	<b>MI:</b>	<b>Last Name:</b>
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**CHARACTER REFERENCE**

**1. Date and type of service:**

The above named individual served with us as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

If you are responding for a training program, please provide the number of months of professional or postgraduate training awarded: \_\_\_\_\_.

**2. Please evaluate the following:**

	Poor	Fair	Good	Superior
Professionalism				
Clinical Judgment				
Relationship w/Patients				
Ethical/Professional Conduct				
Interest in Work				
Ability to Communicate				

**3. To your knowledge, has the applicant been the subject of any disciplinary or legal proceeding convened by a medical school, state regulatory agency or board, employer hospital, or health care facility? If yes, please explain on a separate sheet of paper.**

Yes       No

**4. Recommendation (choose one):**

- Recommend high and without reservation.
- Recommend as qualified and competent
- Recommend with some reservation (please explain):
- Do not recommend (please explain):

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**5. The above report is based on (choose all that apply):**

- Close Personal Observation;
- General impression;
- A composite of evaluations;
- Other:

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**6. Relationship to applicant:**

- Medical school professor;
- Program Director;
- Attending Physician;
- Other:
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**ATTESTATION OF REFERENCE**

*I hereby attest that I am the individual who completed this form and provided the below responses, and that the response given are true and accurate.*

<b>First Name:</b>	<b>MI:</b>	<b>Last Name:</b>
<b>Name of Institution:</b>		
<b>Address of Institution:</b>		
<b>SIGNATURE OF REFERENCE:</b>	<b>DATE:</b>	