



REQUIREMENT 3

Adherence to Ethical and Professional Standards

REFEREE CHECKLIST

APPLICANT: Please provide this form to each recommending physician.

Each applicant must have a minimum of **two (2)** checklists from physicians licensed to practice allopathic or osteopathic medicine, who can accurately and honestly attest to the nature and scope of your practice in Pain Medicine. Each reference should be accompanied by a brief letter on the referring physician's professional letterhead, noting his/her professional relationship with you.

Only one (1) checklist from a physician who practices in your same group will be considered. Checklists from trainees, employees, relatives or spouses will not be considered.

If you practice in a large, multispecialty group (at least 50 physicians), such as a teaching hospital or large clinic, one checklist can be from a physician who practices in a functional area (e.g., department, division) different from yours.

RECOMMENDING PHYSICIAN: The physician listed below is applying for recertification to the American Board of Pain Medicine. As a recommending physician, you have been asked to complete this checklist that speaks about the applicant's practice in Pain Medicine. Please complete the following form, providing your signature on the back of the form. In evaluating candidate's performance, use as your standard the level of knowledge, skills and attitudes expected of the clearly satisfactory physician. **For any component that is rated unsatisfactory, please provide specific comments and recommendations on the back of the form.** Be as specific as possible, including reports of critical incidents and /or outstanding performance.

I. LETTER OF INTRODUCTION

IMPORTANT: A brief letter on your professional letterhead, noting your professional relationship with the applicant and addressed to our Credentials Committee, must be attached to this form.

II. Regarding: Dr. _____

To the best of your knowledge, was this practitioner ever subject to any disciplinary action such as admonition, reprimand, suspension, or termination? Yes No

To the best of your knowledge, does the practitioner suffer from any physical, mental, or emotional problems that affect his/her ability to perform in their professional capacity? Yes No

If the answer to either of the above questions is yes, please provide detailed information on page 2.

