

Date:

To:

American Board of Preventive Medicine
111 W Jackson Blvd, Suite 1110
Chicago, IL 60604

Re:

How long have you known the applicant and in what capacity?

What is the most recent period of time in which you have had direct contact with the applicant?

Please describe the performance of the applicant, including clinical abilities if applicable.

Please describe the professional conduct and ethics of the applicant?

To your knowledge, how much time does the applicant spends in practice/training in Preventive Medicine (e.g. full-time 32 hours or more per week; part-time 20-32 hours per week).

List any additional comments/information you may have below.

Please provide the following information regarding your Board Certification(s).

Specialty Area(s):

Year(s) of Certification:

Information where you can be contacted if necessary (include mail address, phone, and e-mail):
