



## DC Department of Health Board of Chiropractic Character Reference Form

Board of Chiropractic  
899 North Capitol St., NE, 1st Floor  
Washington, DC 20002

(202)-724 4900

**Please print/type name and location of setting completing this form (Should match setting listed on chronological page of application).** Please note, this is not to be used as a substitute for a verification of your experience.

\_\_\_\_\_

\_\_\_\_\_

Please clearly print/ type name of Applicant

**The District of Columbia Board of Chiropractic, in its consideration of a candidate for licensure, depends on information by persons listed (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 in a timely manner. I hereby authorize all my references to release to the D.C. Board of Chiropractic any information requested by the Board in connection with the processing of my application.**

Signature of Applicant \_\_\_\_\_

**Item #1 must be completed, or form may be invalid**

1. Date and type of service: This individual served with us as \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_. If you are responding for a training program, please provide the number of months of  
(Month/Year) (Month/Year) professional or postgraduate training awarded \_\_\_\_\_.

2. Please evaluate: (Indicate with check mark)

	Poor	Fair	Good	Superior
Professional knowledge				
Clinical judgment				
Relationship with 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 state regulatory agency or board, employer hospital or health care facility? Yes ; (if yes, please explain on a separate sheet) No

4. Recommendation: (please indicate with check mark)

- Recommend highly and without reservation ; Recommend as qualified and competent
- Recommend with some reservation (explain) \_\_\_\_\_
- Do not recommend (explain) \_\_\_\_\_

5. Of particular value to us in evaluating any candidate regarding any notable strengths and weaknesses (including personal demeanor). We would appreciate such comments from you.

\_\_\_\_\_

\_\_\_\_\_

6. The above report is based on: (please indicate with check mark)

- Close personal observation ; General impression ; A composite of evaluations ;
- Other: \_\_\_\_\_

7. Relationship to applicant

- Program Director ; Immediate Supervisor ; Other: \_\_\_\_\_

Date (Required): \_\_\_\_\_

Signed by: \_\_\_\_\_

Print or type name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization/Institution: \_\_\_\_\_