Discipline of Family Medicine
Faculty of Medicine

The Health Sciences Centre
St. John's, NL Canada A1B 3V6
Tel: 709 864-6541 Fax: 709 864-3349
www.mun.ca/medicine/familymed/

Name of Applicant: ______________________________

Name of Referee: ______________________________

Address: ______________________________

Phone: ____________________ E-mail: ____________________

REFERENCE FORM

The above-named physician is applying for a part-time, clinical faculty appointment with the Discipline of Family Medicine at Memorial University. Your name has been provided as a referee. It would be greatly appreciated if you can complete this form and return it to **the Chair's Office by email to DFMAdmin@mun.ca**. **Should you have any questions, please email DFMAdmin@mun.ca.**

How long have you known the applicant? ______________________________

In what capacity (i.e., colleague, partner, etc.)? ______________________________

Practice Type: ❑ Solo ❑ Group ❑ Patient's Medical Home ❑ Unknown

	Please mark the appropriate box					
	Poor 1	Average 2	Good 3	Above average 4	Excellent 5	Unable to assess 0
Integrity	❑	❑	❑	❑	❑	❑
Quality of medical records	❑	❑	❑	❑	❑	❑
Clinical knowledge	❑	❑	❑	❑	❑	❑
Breadth of practice (variety of patients)	❑	❑	❑	❑	❑	❑
Procedural skills	❑	❑	❑	❑	❑	❑
Appropriate prescribing (including narcotics)	❑	❑	❑	❑	❑	❑
Professional judgment/conduct	❑	❑	❑	❑	❑	❑
Patient relationships	❑	❑	❑	❑	❑	❑
Collegial/team relationships	❑	❑	❑	❑	❑	❑
Practice/time management skills	❑	❑	❑	❑	❑	❑
Reliability	❑	❑	❑	❑	❑	❑
Enthusiasm for Family Medicine	❑	❑	❑	❑	❑	❑
Volume appropriate for teaching	Yes ❑			No		
EMR (Electronic Medical Record)	Yes ❑			No		
Inter-professional Team (nurse/pharmacist/etc.)	Yes ❑			No ❑		
Would you recommend the applicant for a teaching position?	Yes ❑			No		

Do you have any comments on the above items?

Please comment on the physician's teaching abilities and/or potential:

Date: ____________________ Signature of Referee: ____________________