

NORTH CAROLINA BOARD OF PODIATRY EXAMINERS
1500 SUNDAY DR, SUITE 102
RALEIGH, NORTH CAROLINA 27607-5151

CERTIFICATE OF RECOMMENDATION

This state requires THREE Certificates of Recommendation from all candidates. At least two of these must be from a licensed podiatrist. The third may be from a medical doctor.

This form is primarily designed to ensure that certain information is included. All questions must be answered. This form must also be notarized. This form is not intended to restrict the recommendation in any way. In fact we strongly urge the recommending DPM/MD to include additional personal comments. The doctor completing this form should be adequately acquainted with the applicant. The completed form should be sent directly to David Feild, Executive Secretary, at the above address.

TO: The Board of Podiatry Examiners of the State of North Carolina:

I, _____, a licensed and practicing DPM/MD in the State of _____, affirm that _____ has been known to me personally and professionally and that he/she is of good moral and ethical character. I offer the following information in support of his/her application for licensure in North Carolina.

(Please answer with POOR, FAIR, GOOD, or EXCELLENT)

1. I rate his/her medical knowledge as _____.
2. I rate his/her medical technique as _____.
3. His/her command of the English language is _____.
4. I rate his/her ability to work well with peers and medical staff _____.
5. His/her relationship with patients is _____.

_____ Please check here if you have added personal comments, evaluations and/or recommendations.

I do recommend _____ for full licensure to practice podiatric medicine in the State of North Carolina.

NOTARY:

Signature – recommending DPM/MD

Printed name – recommending DPM/MD

Address

Telephone Number

License # and State