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 Tracy Steadman, 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.

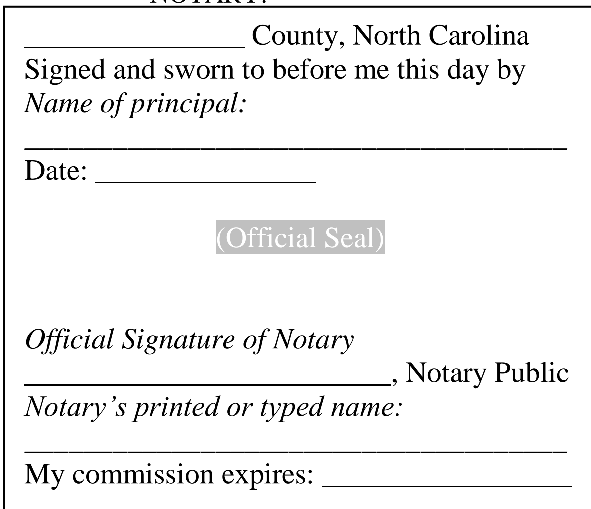
(Please answer with POOR, FAIR, GOOD, or EXCELLENT)

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 is 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:



________________ County, North Carolina
Signed and sworn to before me this day by
Name of principal:
____
Date: ________________

(Official Seal)

Official Signature of Notary
___________________________, Notary Public
Notary's printed or typed name:
____
My commission expires: __________________

____
Signature – recommending DPM/MD

____
Printed name – recommending DPM/MD

Address____
____

Telephone Number________________________________

License # and State_______________________________