

COMPOSITE STATE BOARD OF MEDICAL EXAMINERS

EXECUTIVE DIRECTOR
LaSharn Hughes, MBA



MEDICAL DIRECTOR
Jim H. McNatt, MD

FORM D PHYSICIAN'S ASSISTANT PRIMARY CARE REFERENCE FORM

FROM (PHYSICIAN'S NAME): _____ MD/DO (CIRCLE ONE)

PHYSICIAN'S SPECIALTY: _____ BOARD CERTIFIED: _____ YES _____ NO

FOR CANDIDATE: _____
Last Name First Name Middle Name

I offer the following evaluation:

	Above Average	Average	Below Average
Demonstrates Competence in Primary Care Practice			
Assessment of Clinical Skills			
Professionalism			
Quality of Patient Care			
Seeks Consultation when necessary			
Demonstrates Openness to Criticism			
Emotional Stability			

2. What is your professional relationship? _____

3. Length of time known/ worked with candidate? _____

4. I do have _____ do not have _____ any reservations in recommending the above PA for licensure. If you have reservations, please explain _____

5. Do you have reservations or concerns about this applicant that you would like to discuss in a phone call with Medical Board staff? _____ YES _____ NO (please circle one).

If yes, what is the best day and time to contact you? _____

Physician Signature Date

Address

City State Zip

Phone # Fax #

Mail to:
Georgia Medical Board
Attention: Physician's Assistant Unit
2 Peachtree Street, N.W. – 36th Floor
Atlanta, GA 30303