



**RECOMMENDATION LETTER
MEDICAL FACULTY**

To: Manatí Medical Center

Applicant's Name: _____

1. How long have you known the applicant? _____
2. What is your relation with the applicant (hospital, office, personal)? _____
3. What was your position or professional title in that time? _____
4. What was the position of the applicant? _____

CATEGORY	OUTSTANDING	GOOD	SATISFACTORY	POOR	NOT OBSERVED
Medical / Clinical Knowledge					
Technical & Clinical Skills					
Competence and Clinical Judgment					
Professional Attitude (Professionalism)					
Interpersonal Skills					
Communication Skills					

Comments: _____

I certify that I know the applicant and I have monitored, evaluated or observed his or her professional involvement, I know his or her performance, his or her ethical behavior, his or her capacities to work with other co-workers. The applicant recognizes his or her obligation with relation to the care of patients and supervision of the treatment.

EVALUATING PHYSICIAN'S SIGNATURE

DATE

LIC.

PRINT NAME

PHONE