

STANDARD REFERENCE FORM
For Peace Corps Medical Officer Applicants

I am applying for a contract as a Peace Corps Medical Officer (PCMO). The application process requires that I obtain professional references using this form, and that the individuals supplying references return the completed form **by commercial express mail or fax only**, directly to:

Paul D. Coverdell Peace Corps Headquarters
Office of Medical Services
1111 20th St. NW
Washington, DC 20526
Attention: PCMO Program Coordinator, Fax: 202.692.1596

I consent to the release of information about me to the Peace Corps and have signed below. I release from any liability for their statements, all persons, corporations, and other entities who submit information at the request of the Peace Corps to facilitate assessment of my qualifications. This consent includes the release of information for the purpose of accurate evaluation of my professional competence, character, ethics, and other qualifications and for resolving any doubts about such qualifications.

Signature of applicant _____ Date: _____

Print Name _____

Address _____

_____ Telephone _____

Please complete all parts of this form and return it at your earliest convenience. If you need more space, please use a separate sheet of paper. Information you provide will be reviewed by selection panels, including Peace Corps Country Directors who are considering the applicant.

VERIFICATION

In what capacity do you know the applicant?

The applicant was/is affiliated with

(institution)

in the capacity of _____ from _____ to _____

How long have you known the applicant? _____

Name _____

Actions taken: If you answer "yes" to any of the questions, please provide a typewritten explanation on a separate page.

Question	Yes	No
1. During the time noted above, has this provider ever been subject to any disciplinary action, e.g. monitoring, changes in clinical privileges?		
2. To the best of your knowledge, has the applicant ever been under investigation by any legal or professional entities?		
3. To the best of your knowledge, have there been, or are there now, any malpractice actions against this provider?		
4. If this provider left your organization, were any actions taken against him/her?		

EVALUATION

Please rank the applicant's skills and abilities using the following formula:

- 4 Superior
- 3 Good
- 2 Needs improvement
- 1 Poor
- NI No information or insufficient information to make a judgment

I. Prevention/Health Education. The Applicant:

____ Designs and conducts substantial prevention and health education programs.

II. Clinical Care. The Applicant:

____ Provides primary care for common illnesses and injuries.

____ Demonstrates clinical competence

____ Demonstrates technical skill

____ Uses professional judgment

____ Provides appropriate case management

Name _____

____ Maintains good patient relationships

____ Arranges prompt referrals as indicated (and where possible)

____ Makes appropriate decisions with respect to medical evacuations.

____ Arranges and accompanies clients on medical evacuations as required.

____ Provides 24-hour on-call support.

III. Mental Health Support. The Applicant:

____ Provides a significant amount of effective mental health and emotional support to clients, following established guidelines.

____ Evaluates and manages clients with real or suspected alcohol/substance abuse problems, following established guidelines.

IV. Program Management. The Applicant:

____ Maintains current, complete and accurate documentation in medical records.

____ Understands and follows rules of medical confidentiality.

____ Is capable of projecting and planning for Volunteer health system needs annually, managing and accounting for a budget, and maintaining pharmaceutical, medical supply, and equipment inventories.

____ Participates fully as a member of the staff.

____ Works and communicate well with others.

	Yes	No
If this provider left your organization, did s/he do so voluntarily?		

ADDITIONAL INFORMATION

To the best of your knowledge, is there anything that may adversely affect the applicant's ability to fulfill the roles and responsibilities of the PCMO? It is likely that these responsibilities will include traveling, working, and living in remote, isolated areas of the developing world. It is possible that the PCMO may be the only western-trained health care provider in the area.

Name _____

RECOMMENDATION

_____ I recommend this individual without reservation.

_____ I recommend this individual with the following reservation(s):

_____ I do not recommend this individual for the following reason(s):

The above evaluation is based on:

_____ direct contact and observation

_____ evaluations recorded by others

My general opinion of the applicant is:

Signature: _____

Print: _____

Title: _____

Date: _____

I can be contacted by telephone at: _____