

# American Board of Colon and Rectal Surgery

20600 Eureka Road - Suite 600 - Taylor, Michigan 48180 - (734) 282-9400

## Maintenance of Certification Clinically Inactive - Evaluation Form

Name of Applicant \_\_\_\_\_

Dear Administrator:

The doctor referred to above has applied for admission to the Maintenance of Certification Examination of the American Board of Colon and Rectal Surgery. It would greatly assist our Board's evaluation if you would provide us with your assessment of this applicant. Please complete all sections of this questionnaire, and return it at your earliest convenience to the American Board of Colon and Rectal Surgery at the above address.

Sincerely,

American Board of Colon and Rectal Surgery

### ATTESTATION OF ETHICAL AND PROFESSIONAL STATUS

- Do you interact with this applicant on a regular basis? Yes  No
- Do you have a business or close personal relationship with this applicant? Yes  No
- Is the applicant dependable, responsible, honest, and ethical? Yes  No
- Are you aware of any substance abuse?  
(If yes, give detailed explanation in remarks section below) Yes  No
- Are you aware of any disciplinary actions taken against the surgeon?  
(e.g., loss or restriction of privileges, license revocation, suspensions, etc...) Yes  No
- Do you recommend without reservation this surgeon for recertification? Yes  No

### REMARKS

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(If more space is required add additional sheet)

Date \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_