**RECOMMENDATION LETTER**

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| --- | --- | --- |
| **Name of Clinician(for recommendation)** | **:** |  |
| **The Clinician’s current position**  | **:** |  |
| **Date** | **:** |  |

1. **Introduction:**
2. **Personality Characteristics:**
3. **Academic qualification and knowledge:**
4. **Clinical Competence:**
5. **Personal learning and assignment:**
6. **Communication Skills:**
7. **Recommendation and suitability for being an independent Clinician/Specialist:**

**-----------------------------------------------**

**Signature and Name of Referee:**

**Discipline:**

**Place of practice:**

**Contact details:**

***(Name and designation chop required)***