



A conjoint Board of The American Board of Internal Medicine and The American Board of Pediatrics
1835 Market Street, Philadelphia, PA 19103
Telephone: 215-592-9466 Fax: 215-592-9411 <http://www.abai.org>

Recommendation Letter for ABAI Certification Exam

For the Candidate (Name): _____

Please complete the first page of this recommendation form letter with the information of the individual you wish to name as a reference to support your application to the ABAI Certification Examination. It is the responsibility of the candidate to ensure that their reference returns this form to ABAI **within 30 days of receipt**.

Acceptable References:

- ABAI-certified Diplomates in the community
- Chief of Medicine, Pediatrics, or chiefs of community hospitals
- Officers of state or regional societies

Name of Reference _____

Email _____

Address _____

I understand that this confidential documentation submitted to the ABAI in connection with my application for the ABAI Certification Examination will be used for the sole purpose of evaluation of my application. I agree that the contents of confidential appraisals shall not be disclosed to anyone, including myself.

Candidate's Signature

Date

Recommendation Letter for ABAI Certification Exam

For the Candidate (Name): _____

This section to be completed by one of the following acceptable references:

- ABAI-certified Diplomates in the community
- Chief of Medicine, Pediatrics, or chiefs of community hospitals
- Officers of state or regional societies

NOTE: The information you provide is confidential. Please attach additional comments you would wish to share with ABAI's Conjoint Credentials Committee regarding the qualification of this candidate for ABAI Certification.

The candidate whose name appears above has applied for entrance to the upcoming ABAI Certification Examination. In order to process the application, the Conjoint Credentials Committee requests your assistance in the assessment of the candidate's qualifications. The candidate provided us with your name as a reference and is requesting that you complete the assessment on the following pages. Our Board of Directors will ultimately approve or reject the candidate's application based on the findings of the Committee, including your response. Please return the completed recommendation **within 30 days of receipt**.

Candidates, who completed two years of accredited ACGME-training in allergy and immunology prior to the examination, are required to provide bona fide verification of their medical, ethical, and moral standing in the community and document recognition of themselves as clinically competent consultants in allergy and immunology with an appointment in good standing on a hospital staff.

1. My knowledge of the candidate dates from _____ to _____.

2. I have known the candidate in my position as (indicate with a check mark):

ABAI Diplomate

Officer of National, Regional, State, or Local A/I Society

Specify affiliation: _____

Chief of Medicine at _____

Chief of Pediatrics at _____

Chief of Hospital at _____

3. The candidate is recognized as a specialist in the field of _____.

4. Assessment of candidate's ethical and moral standing in the community (circle one):

SATISFACTORY or **UNSATISFACTORY**

If you assess the candidate as "unsatisfactory", please provide comments.

(Deficiencies may relate to patient care, lack of professional integrity, fraudulent or criminal activities, drug and alcohol abuse.)

5. As a consultant in allergy and immunology, the candidate holds an appointment in good standing on staff at the following hospital: _____

6. Rank the candidate's overall clinical competence (circle one):

Outstanding Far exceeds reasonable expectations.

Good Usually exceeds reasonable expectations, but is not really outstanding.

Satisfactory Always meets reasonable expectations and occasionally exceeds them.

Doubtful May meet reasonable expectations, but often falls short.

Unsatisfactory Usually falls short of reasonable expectations, cannot be considered as a specialist consultant.

If you ranked the candidate with either doubtful or unsatisfactory, please provide comments.

7. Other comments in support of the entry of this candidate to the ABAI Certification Examination:

Reference's Signature

Date

Please mail, fax, or email to: American Board of Allergy and Immunology
1835 Market Street, Suite 1210
Philadelphia, PA 19103
Telephone 215-592-9466
Fax 215-592-9411
Email abai@abai.org