

References

Please provide information for three individuals from within your specialty who can attest to your clinical ability, professionalism, and ability to work as a part of a team in high-stress situations. One of these references MUST be the head of the department where you practice. Our Pediatrics Specialty Council may contact these references during the application review.

Reference #1

Name: _____

Position: _____

Company/Hospital: _____

Telephone #: _____

Email: _____

For how long did you work closely with this reference? _____ years _____ months

In what capacity did you work with this reference? _____

Is this reference an Operation Smile volunteer? (circle) YES NO

Reference #2

Name: _____

Position: _____

Company/Hospital: _____

Telephone #: _____

Email: _____

For how long did you work closely with this reference? _____ years _____ months

In what capacity did you work with this reference? _____

Is this reference an Operation Smile volunteer? (circle) YES NO

Reference #3

Name: _____

Position: _____

Company/Hospital: _____

Telephone #: _____

Email: _____

For how long did you work closely with this reference? _____ years _____ months

In what capacity did you work with this reference? _____

Is this reference an Operation Smile volunteer? (circle) YES NO