STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Licensing of Dietetic Practice
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Paul R. LePage
Governor

Anne L. Head
Director

REFERENCE FORM

Name of applicant for licensing: _____
Please type or print clearly

In what professional capacity do you know the applicant? _____

_____

How long have you known the applicant? _____

Are you related to the applicant? _____ If so, how? _____

Please give a brief statement of your knowledge of the applicant's adherence to established ethical professional standards. **Please note that if you are a current supervisor of the applicant, please indicate the applicant's current job duties, as well as the applicant's job description.**

_____

_____

_____

_____

_____

_____

_____

Date: _____ Signed: _____

Printed name and title of reference: _____

Mailing address: _____

Telephone number during work hours: (____)_____

PRINTED ON RECYCLED PAPER
(888) 577-6690 (TTY/HEARING IMPAIRED)
OFFICE PHONE: (207)624-8623
OFFICES LOCATED AT: 76 NORTHERN AVENUE, GARDINER, MAINE
FAX: (207)624-8637