



Employer Recommendation Form

URGENT LICENSURE PENDING

State Medical Board of Ohio

30 E. Broad St., 3rd Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: http://med.ohio.gov/

Dr. Catherine Romanos, MD
(PLEASE PROVIDE THE FIRST AND LAST NAME OF THE APPLICANT)

is applying for licensure in the State of Ohio. We would appreciate your assistance in filling out the following evaluation so that we can process his/her application for licensure. To ensure processing of the physicians application, please complete and return this form to the State Medical Board of Ohio at the above within two (2) weeks. The form may also be faxed to the Board at (614) 644-1464. Your immediate attention to this matter will be greatly appreciated by the applicant as well as by us. Thank you for your time and assistance.

- Position(s) held: STAFF PHYSICIAN
Dates of employment: 1/24/13 -> Present
(1) How long have you known him/her? 1 YEAR
(2) What is/was your supervisory capacity? Medical Director
(3) At what hospital? Planned Parenthood Mohawk Hudson
(4) How would you rate his/her medical knowledge and techniques? excellent
(5) In your opinion is he/she a person of good moral and ethical character? yes
(6) Does he/she work well with peers and medical staff? very well indeed
(7) Does he/she relate well to patients? yes - very COMPASSIONATE
(8) How is his/her command of the English language if applicable? excellent / Also fluent in SPANISH (first language)
(9) Would you recommend him/her for licensure? yes

Additional comments, please: (if needed, an extra sheet of paper may be used)
We will miss Her + we would re-hire immediately

Sincerely,
Nicola Weaver
Chief, Licensure

Signature of Physician
Marc Heller MD

Name of Physician (please type or print clearly)
Medical Director

Position

Telephone number (include area code)
518-374-5353

FAX number (include area code)
518-382-5753

MEDICAL BOARD
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