

## INSTRUCTIONS FOR SECTION IV

### REFERENCES

This part of the application documents recognition of your competence as a practice manager by your employer and peers. Four (4) letters of recommendation on your behalf are required by the CVPM Board and made a part of your application. An average score of 4.5 (per domain and overall) is required for each of the six behavior skills identified in the Confidential Letter of Recommendation Form provided herein.

**Recommendation #1:** This recommendation must be from a person who is actively involved in the field of practice management and is in a position to be familiar with your work as a manager (i.e., fellow manager from a local managers group, manager from another practice you work with, a current CVPM, etc.).

**Recommendation #2:** This recommendation must be from a past or present employer for whom you have worked as a practice manager or from a peer who can qualify your management of a practice you have owned.

**Recommendations #3 and #4:** These recommendations should be from peers who have a professional association with you in your capacity as the practice manager and can verify your character and integrity (i.e., the practice attorney, practice CPA, practice consultant, a vendor representative, associate DVM, etc.). **PLEASE NOTE, the CVPM Board does not consider someone that you supervise a peer.**

Recommendations must be submitted to the CVPM Board on the Confidential Letter of Recommendation Form provided in this application and must be e-mailed or faxed directly to the CVPM Board by the person who signs the form. Recommendation Forms must be signed and dated within 60 days of the application submission date. Recommendation Forms older than 60 days will not be considered current and valid.

Please complete the name and address portion of the Confidential Letter before you give it to the persons you have chosen to complete the recommendation form. Be sure to include a copy of these instructions for their review. **Please stress the importance of e-mailing or faxing this form promptly since your application is not considered complete until all four letters are received.**

Complete Section IV by listing the information of the persons who will be completing and sending the recommendation letters to the CVPM Board on your behalf. The four (4) recommendation letters count as eight (8) points towards the required 100 points. The CVPM Board will notify you if one or more of your recommendations have not been submitted when your application is received.

Completed Recommendation Forms may be retracted by the individual who completed the form at any time prior to the candidate taking the examination. If a Recommendation Form is retracted, the CVPM Board will notify the candidate within 60 days to let them know their application is no longer approved. The candidate then has 60 days to respond to the notice and provide additional documentation as needed. Details for the application appeal process are provided in the CVPM Standards and Procedures document readily available on the VHMA Web site.

SECTION IV

LIST OF REFERENCES

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Relationship to you (check all that apply):

- Practice Management Professional     Past or Present Employer     Peer

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Relationship to you (check all that apply):

- Practice Management Professional     Past or Present Employer     Peer

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Relationship to you (check all that apply):

- Practice Management Professional     Past or Present Employer     Peer

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Relationship to you (check all that apply):

- Practice Management Professional     Past or Present Employer     Peer

Total Points Achieved \_\_\_\_\_

CONFIDENTIAL LETTER OF RECOMMENDATION

Name of Applicant \_\_\_\_\_

Applicant's Address \_\_\_\_\_

It is extremely important this form be completed in its entirety. The individual whose name appears above has applied for candidacy as a Certified Veterinary Practice Manager (CVPM), and this letter of recommendation is required before the candidate's application can be accepted. Please answer the questions below in as candid and as specific a manner as possible. Recommendation Forms must be signed and dated within 60 days of the application submission date. Recommendation Forms older than 60 days will not be considered current and valid. When complete, e-mail or fax directly to:

Certified Veterinary Practice Manager Board  
PO Box 2280, Alachua, FL 32616  
CVPM@vhma.org  
877-599-2707 phone/888-795-4520 fax

Be assured that your comments will be held in the strictest confidence and the applicant will not have access to your letter or the information it contains.

Name of person completing this form \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Your relationship to the applicant (check all that apply):

- Practice Management Professional
- Past or Present Employer
- Peer

Is the CVPM applicant that you are writing this recommendation for your supervisor?  Yes  No

If yes, does he/she evaluate your work in a way that could affect your performance evaluation?  Yes  No

How long have you known the applicant? \_\_\_\_\_

Describe your relationship with the applicant only as it pertains to their position as a veterinary management professional? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How would you describe the applicant's moral character, integrity, and sincerity of commitment to the veterinary practice management profession?

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If you are a former or current employer or have the capacity to form an opinion, how would you rate the applicant's ability as a veterinary practice manager? (Please be specific.)

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What trait or ability does this candidate possess that most impresses and will allow this candidate to be an asset to the veterinary practice management profession?

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What trait or ability does this candidate possess that you would feel to be the most negative and may potentially affect the candidate's future success in this profession?

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Please rate the candidate based on behaviors you have observed at work, **compared to others you have observed in the same or similar settings**. Use the following scale:

- 1= well below average
- 2 = a little below average
- 3 = about average
- 4 = somewhat above average
- 5 = well above average
- 6 = outstanding; one of the best

	well below average	a little below average	about average	somewhat above average	well above average	outstanding
<b>Ability to command respect</b>						
Captures the respect and trust of others.	1	2	3	4	5	6
Group members look to him/her for guidance.	1	2	3	4	5	6
Is a source of motivation for others.	1	2	3	4	5	6
<b>Supervisory Skills</b>						
Sets clear performance standards for people he/she supervises.	1	2	3	4	5	6
Provides guidance and direction to subordinates.	1	2	3	4	5	6
Delegates work tasks effectively to competent employees.	1	2	3	4	5	6
<b>Ability to follow through on projects</b>						
Finds the necessary resources to complete tasks.	1	2	3	4	5	6
Completes tasks quickly and effectively.	1	2	3	4	5	6
Does what is necessary to get the job done well.	1	2	3	4	5	6
<b>Ability to be self-motivated</b>						
Meets predetermined targets and deadlines.	1	2	3	4	5	6
Effectively organizes and prioritizes work tasks.	1	2	3	4	5	6
Keeps pushing to succeed in the face of obstacles.	1	2	3	4	5	6
Takes initiative on projects.	1	2	3	4	5	6
<b>Communication Skills</b>						
Presents messages clearly and forcefully when speaking to others.	1	2	3	4	5	6
Speaks in clear and articulate manner.	1	2	3	4	5	6
Gives full attention to what others are saying.	1	2	3	4	5	6
<b>Ability to control emotions</b>						
Keeps his/her emotions in check.	1	2	3	4	5	6
Hides his/her anger and frustration in front of others.	1	2	3	4	5	6
Accepts criticism from others in a calm manner.	1	2	3	4	5	6

I certify that the information stated within this letter of recommendation is accurate and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date