



LETTER OF RECOMMENDATION

Name of the Applicant that you are recommending:

Please answer the following questions about the applicant:

1. How long have you known this integrated health (IH) professional?

2. To the best of your knowledge, has the IH professional's license, clinical privileges, staff membership or other professional status ever been denied, challenged, suspended, revoked, modified or voluntarily suspended? ☐ Yes ☐ No

3. To the best of your knowledge, is this IH professional:

- ☐ An IFSO integrated health member in good standing
- ☐ Active or previously been active in integrated health within their national society or at international level
- ☐ Have a demonstrated history of leadership and effective service
- ☐ Actively engaged in the practice and/or science of metabolic and bariatric surgery

I recommend this applicant for:

- ☐ APC Chapter Representative

Additional Comments: _____

Name of Member Sponsor _____

Phone _____

Email _____

*This form should be completed by an IFSO member in good standing

Please direct all correspondence to IFSO Secretariat: info@ifso.com