



You have been identified by a Fellow of the American Burn Association (FABA) applicant as a reference. The FABA designation is reserved for those physicians who have demonstrated specialization in burn care through advanced training, contributions, and commitment to the field. The process requires applicants to provide letters of advocacy and evidence of service to the burn care community. **This application is to be completed by the recommender and submitted by FABA applicant.**

Recommender Name: _____

Recommender Title: _____

Recommender Organization & Department: _____

FABA Applicant Name: _____

_____ I have worked with the applicant for ____ years in the care of burn injured patients, injury prevention, education, research, OR rehabilitation.

_____ To the best of my knowledge, the applicant is on staff at a hospital with no reportable action pending that could adversely affect staff privileges, patient care, or clinical duties.

_____ To the best of my knowledge, the applicant is in good standing with respect to our healthcare community.

1. Based upon the applicant's professional performance relative to other physicians, I would assess them as:

- ☐ Top 5%
☐ Top 10%
☐ Top 20%
☐ Other _____

2. Please select one or more of the values exhibited by the applicant professionally:

- ☐ Integrity
☐ Innovation
☐ Collaboration
☐ Compassion
☐ Other _____

_____ The applicant demonstrates the highest standards of burn care.

Please use the space below to provide additional comments, insights, or concerns.

I recommend this candidate for the Fellow of the American Burn Association (FABA) designation based on the information I have provided above.

Signature _____ Date _____