**Reference Form**

To apply for the Certificate or Diploma in Motor Vehicle Injuries complete your contact information and forward a copy of this form to a doctor in your field, a doctor in another field, and an attorney with whom you have worked.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

I have completed the course work and other requirements toward (check one)

 Certificate in Motor Vehicle Injuries \_\_\_\_

 Diploma in Motor Vehicle Injuries \_\_\_\_

To complete the process the board requires that I have three professionals write a letter of recommendation on my behalf. This includes one doctor from my profession, one doctor from another profession, and one attorney, all or whom are familiar with my work with motor vehicle injury cases. As someone who is familiar with my work I ask that you submit a letter of recommendation on my behalf along with this form directly to:

 American Academy of Motor Vehicle Injuries

 Attn: Credentialing Review Board

 8426 E Shea Blvd

 Scottsdale, AZ 85260

-or-

Fax to: 480-664-6644