LAGOS STATE TRADITIONAL MEDICINE BOARD

REFEREE FORM

To the applicant: give this form to your referee. Your referee should complete and sign it (by hand or digitally), then return it to you. Upload the signed form on the Documents step of your LSTMB application. Each applicant needs two referees, who must be different people from your next of kin.

A. Applicant

Applicant full name

LSTMB application reference (if known)

B. Referee details

Full name

Occupation / position

Residential or office address

Phone number

Email address (optional)

Relationship to the applicant, and how long you have known them

C. Declaration

I confirm that I know the applicant named above, that to the best of my knowledge they practise traditional medicine as described in their application, and that they are of good character. I understand that the Lagos State Traditional Medicine Board may contact me to verify this reference.

Comments on the applicant's practice and character (optional)

Referee signature

Date

Providing false information on this form is an offence. Lagos State Traditional Medicine Board.