

Peer reference for:
Reference provided by:

A. Professional Relationship with Applicant

1. Have you observed or been associated with the applicant's clinical practice within the last five years?
☐ Yes ☐ No

If you answered "No", there is no need to complete the remainder of this form. Please fax this form to the number listed at the bottom of this form. Thank you for your prompt response.

2. Approximate time period when you observed or associated with the applicant's practice?
From: _____ To: _____ (give approximate date range)
3. Practice setting where you observe/associate with the applicant? (check all that apply)
- ☐ Office/ Clinic
 - ☐ Hospital
 - ☐ Other _____
4. Average frequency of your observations or associations with the applicant?
- ☐ Daily/Weekly
 - ☐ Monthly/Quarterly
 - ☐ Other _____
5. Your relationship to applicant? (check all that apply)
- ☐ Instructor
 - ☐ Practice partner of the applicant
 - ☐ Referring or consulting physician to the applicant
 - ☐ In same specialty but not in same practice
 - ☐ Department/specialty section chairman
 - ☐ Other _____ (please include any family relationships, business partnerships, or other relationships)
6. Please indicate the type(s) of information you are using to complete your evaluation. (check all that apply)
- ☐ Chart review
 - ☐ Direct observation
 - ☐ Co-managing patients
 - ☐ Patient comments
 - ☐ Applicant's reputation
 - ☐ Other _____ (please describe)

B. Health Status, Capabilities, Disciplinary History, and Liability Actions

7. Please review the applicant's requested clinical privileges, which are included with this evaluation request (if applicable). Based on your observations, is the applicant currently competent to perform the clinical privileges requested?
- ☐ Yes ☐ No* (please comment on separate page) ☐ N/A (clinical privileges not requested)
8. Do you have any concerns related to the applicant's ability to perform clinical privileges (if requested) or the responsibilities of medical staff membership, including any physical or psychological/emotional illnesses or impairment?
- ☐ No ☐ Yes* (please comment on separate page)
9. Do you know of any disciplinary actions or investigations involving the applicant's license, or other credentials, medical staff membership or clinical privileges, including any currently pending?
- ☐ No ☐ Yes* (please comment on separate page)
10. Do you know of any professional liability actions involving this applicant, including any that are currently pending?
- ☐ No ☐ Yes* (please comment on separate page)

Peer reference for:
Reference provided by:

C. Applicant's Knowledge, Skills, Competencies

EVALUATION OF CURRENT PERFORMANCE		ASSESSMENT				
SA – Strongly Agree SD – Strongly disagree (Please comment on a separate page)	A – Agree D – Disagree (Please comment on a separate page) NI – No information	SA	A	D	SD	NI
11. Patient Care Technical/Clinical Skills – Applicant provides patient care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, treatment of disease, and care at the end of life. The applicant has demonstrated this performance in the following areas of practice:						
• Patient assessments and ongoing evaluation						
• Diagnostic and therapeutic decisions						
• Medical/clinical management and care planning/coordination						
• Performing surgical and invasive procedures in accordance with scope of privileges						
• Managing complex medical or surgical conditions in accordance with scope of privileges						
12. Medical/Clinical Knowledge, Clinical Judgment & Practice Based Learning – Applicant demonstrates knowledge of established and evolving biomedical, clinical, and social sciences, and the application of their knowledge to patient care and the education of others. The applicant has demonstrated this performance in the following areas of practice:						
• Applying current scientific knowledge						
• Using practice guidelines to adhere to evidence-based clinical care						
• Practicing cost-effective healthcare						
• Providing care that is medically necessary and appropriate						
13. Interpersonal & Communication Skills – Applicant demonstrates interpersonal and communication skills that enable him/her to maintain patient safety, continuity of care and a professional relationship with patients, families, and other members of the healthcare team. The applicant has demonstrated this performance in the following areas of practice:						
• Educating patients and their families including providing adequate information for consent						
• Effectively using information technology in patient care						
• Verbal communication, including hand-offs, receiving critical information, conducting time-outs						
• Providing timely, complete and legible written documentation						
• Working effectively as a member or leader of an interdisciplinary healthcare team						
14. Professionalism – Applicant demonstrates a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity, and a responsible attitude toward patients, his/her profession, and society. The applicant has demonstrated this performance in the following areas of practice:						
• Showing respect, compassion, integrity and responsiveness to patients, colleagues, and staff						
• Protecting confidentiality of patient information						
• Demonstrating sensitivity to the culture, age, gender, religion, ethnic background, sexual preference, disabilities of others						

Peer reference for:
Reference provided by:

D. Summary

15. Please provide your overall recommendation regarding the applicant:

- ☐ Recommend without reservations
- ☐ Recommend with the following reservations
- ☐ Do not recommend

16. Please provide any other comments regarding this applicant:

- ☐ I would prefer to discuss by phone - Your phone number if you prefer a call: _____

Signature: _____ Date: _____

(Original signature is needed, signature stamps cannot be accepted)

Thank you for your time and your candid evaluation.