



ELMHURST
OUTPATIENT SURGERY CENTER

Date:

To: Dr. _____ (peer of reapplicant)

RE: _____ (**reapplicant**)

Dear Dr. _____:

Elmhurst Outpatient Surgery Center is required by its accrediting body to assess the clinical competence of its medical staff applicants through written verification from an authoritative source. Such authentication is generally provided by peers personally acquainted with the applicant and contains informed opinions about the applicant's scope and level of performance.

The above named physician has applied for medical staff privileges at Elmhurst Outpatient Surgery Center and has listed you as a peer reference. Your responses to the questions listed below will assist us in evaluating the applicant's relationship with peers and patients, specialty skills and clinical performance during the past 2 years. Thank you.

1. Over what period of time have you known the applicant? _____
2. In what setting(s) and with what frequency did you observe the applicant? (i.e., office, residency program, etc.; daily, weekly, infrequently). _____
3. To the best of your knowledge, has the applicant's license, clinical privileges, practice patterns, hospital staff membership or any aspect thereof, or other professional status ever been denied, challenged, investigated, suspended, revoked, modified, placed on probation, made the subject of an individual focused review, or voluntarily surrendered, or do you have knowledge of any such actions that are pending?
Yes _____ No _____ Unknown _____
4. Have you been informed of or observed any physical, mental, health, drug or alcohol dependency or other problems which this practitioner presently has that could potentially impair ability to exercise all or any of the privileges requested?
Yes _____ No _____
5. Do you know of any malpractice actions instituted or in progress against the applicant? Yes _____ No _____ If yes, please detail on separate sheet.

6. Is there any reason why appointment of this applicant should not be recommended at this time? Yes _____ No _____ If yes, please explain on separate sheet.
7. Please list the types of procedures most frequently performed by the applicant:

_____	_____
_____	_____
_____	_____

8. In general, I would classify the applicant as follows:
(Key: 1 = Poor 2 = Marginal 3 = Average 4 = Good 5 = Excellent)

<u>Clinical Performance</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Technical/Clinical Skills</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Patient Relationships</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Peer Relationships</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>

Please use this section to provide additional information for yes answers, recommendations or comments you believe relevant to medical staff membership at Elmhurst Outpatient Surgery Center.

Signature of Person Completing
Peer Reference Questionnaire

Date

Title