

REQUEST FOR PROFESSIONAL REFERENCE

The practitioner listed below has provided your name as a professional reference.

Audiologist Name: Digvijay Export, CNM

Name of Reference: test00 test

My Professional Position: test

Organization Name: NA

My responses are based upon:

- ☒ Direct observation
- ☐ Review of accumulated information and reports about the practitioner's performance

During what time period did you have the opportunity to directly observe the applicant's practice of Audiology?

(Please give a specific date range) 08/11/2016 to 08/18/2016

| | Excellent | Good | Average | Below Average | No Information |
|---|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Medical/Clinical Knowledge | | | | | |
| Basic medical/clinical knowledge | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Technical and clinical skills | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Clinical Judgment | | | | | |
| Basic clinical judgment | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Availability/thoroughness of patient care | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Quality/appropriateness of patient care outcomes | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Clinical pertinence & completion of medical records documentation | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Communication skills | | | | | |
| Overall communication skills | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Verbal/written fluency English | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Clarity/legibility of records | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Responsiveness to patient needs | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Interpersonal skills | | | | | |
| Ability to work with members of the healthcare team | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Rapport with patients | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Rapport with families | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Rapport with hospital staff | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Rapport with peers | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Professionalism | | | | | |

| | | | | | |
|---|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Demonstration of ethical standards in treatment | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Maintenance of patient confidentiality | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

1. The applicant is to provide routine out-patient Audiology care. In keeping with your knowledge of the applicant's clinical experience and training do you feel that the applicant can provide patient care as mentioned above?

☒ Yes ☐ No ☐ No information

2. Have you ever observed, or been informed of, any physical, mental, emotional, or behavioral issues that the applicant has or had that have affected, or could potentially affect, her ability to perform the duties of an Audiologist?

☒ Yes ☐ No ☐ No information

If yes, please explain:

test

3. Would you feel comfortable having the applicant treat you or a family member? ☒ Yes ☐ No

4. Hypothetically, would you hire this applicant? ☒ Yes ☐ No

SUMMARY

Please use this section for any additional comments, information, or recommendations that may be relevant to our decision regarding this applicant:

test

Day Time Phone 222-222-2222

| | Good | Better | Best |
|---|----------------------------------|-----------------------|-----------------------|
| Medical/Clinical Knowledge | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| Technical and clinical skills | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| Communication skills | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Overall communication skills | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |

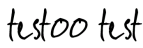
| | | | |
|---|----------------------------------|-----------------------|-----------------------|
| Verbal/written fluency English | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Clarity/legibility of records | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Responsiveness to patient needs | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Interpersonal skills | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ability to work with members of the healthcare team | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| Rapport with peers | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Professionalism | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Demonstration of ethical standards in treatment | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Maintenance of patient confidentiality | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Reference Email Sent Date: 08/11/2016

Applicant Name Digvijay Export, CNM

Reference Name: test00 test

Applicant Credential: CNM

DocuSigned by:

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8/11/2016 | 22:40:24 PDT