**PROFESSIONAL REFERENCE – INDIAN HEALTH SERVICE**

Applicant Name: «FormalNameWithDegree» Date:­­­­­ April 19, 2018

(The reference form must be completed by a peer from your own profession; e.g., reference for a FNP from a FNP)

Reference Name: «RS\_Name»

Please answer the following questions based on your personal knowledge as a peer of this practitioner. \*Note: If your response to any of the following is "below average", please supply a written explanation on a separate sheet of paper.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EVALUATION** | **Above Average** | **Satisfactory** | **Below**  **Average\*** | **Not**  **Applicable** |
| **PATIENT CARE/MEDICAL & CLINICAL KNOWLEDGE** |  |  |  |  |
| Basic Medical Knowledge |  |  |  |  |
| Professional Judgment |  |  |  |  |
| Clinical/Technical Skills |  |  |  |  |
| Positive Patient Outcome/Results |  |  |  |  |
| Appropriate Utilization of Resources |  |  |  |  |
| Appropriate Use of Consultations |  |  |  |  |
| Appropriate Use of Medication |  |  |  |  |
| **INTERPERSONAL & COMMUNICATION SKILLS WITH:** |  |  |  |  |
| Patients |  |  |  |  |
| Superiors/Administrations |  |  |  |  |
| Colleagues/Peers/Clinical Support Staff |  |  |  |  |
| Ability to Understand, Speak, Read and Write English |  |  |  |  |
| **PROFESSIONALISM** |  |  |  |  |
| Availability/Responsiveness |  |  |  |  |
| Ethical Conduct |  |  |  |  |
| Emotional Stability |  |  |  |  |
| Moral Character |  |  |  |  |
| **SYSTEMS-BASED PRACTICE** |  |  |  |  |
| Medical Record Timeliness |  |  |  |  |
| Compliance with Medical Staff Bylaws, MS Policies |  |  |  |  |
| PRACTICE-BASED LEARNING & IMPROVEMENT |  |  |  |  |
| Investigates and evaluates patient care practices |  |  |  |  |
| Appraise and assimilates scientific evidence |  |  |  |  |
| Improves the practice of medicine |  |  |  |  |

1. How long have you known the practitioner? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is your relationship to the practitioner?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. When was the last time you observed the practitioner provide patient care ? \_\_\_\_\_\_\_\_\_\_\_\_ Direct Observation? \_\_\_\_\_\_\_\_\_\_ Indirect Observation? \_\_\_\_\_\_\_\_\_\_\_\_
4. To your knowledge, does this applicant have any medical malpractice suits? ( ) Yes ( ) No If yes, please provide an explanation on a separate sheet of paper.
5. Would you hire/rehire this practitioner? ( ) Yes ( ) No If no, please provide an explanation on a separate sheet of paper.
6. Would you be comfortable having your friends or family treated by this applicant? ( ) Yes ( ) No If no, please provide an explanation on a separate sheet of paper.
7. To your knowledge, does the practitioner have any physical or mental impairments that could possibly affect his/her ability to exercise requested privileges? ( ) No ( ) Yes If yes, please provide a full explanation on a separate sheet of paper.
8. To your knowledge, does the practitioner suffer from alcohol or drug abuse or dependency? ( ) No ( ) Yes If yes, please provide a full explanation on a separate sheet of paper.

9. As a peer of the above named practitioner, I: (Please select one below):

\_\_\_\_ Recommend as Qualified and Competent to perform the attached privileges.

\_\_\_\_ Recommend with Reservation (please provide a full explanation on a separate sheet of paper)

\_\_\_\_ Do not Recommend (please provide a full explanation on a separate sheet of paper)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Please return the form DIRECTLY to the Medical Staff Office, we cannot accept from a 3rd party.

Return to: «FacilityName» Facility Address/secure email/fax «Image:File\_Privilege»