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January 22, 2016

ATTN: _____

RE:

Dear Doctor:

The provider named above has applied for Medical Staff membership and has listed you as a reference. **Please complete and fax this form to the number listed below.** An Information Release Form and a copy of the privilege form are attached. Please feel free to contact me at 206-2342.

Sincerely,
 Alan Gelb, MD
 Chair, Credentials Committee

(as compared to <u>community standards</u>)	Favorable	*Unfavorable	Don't Know
Professional Knowledge/Technical Skills	_____	_____	_____
Ability to work with others	_____	_____	_____
Communication Skills	_____	_____	_____
Patient relationships	_____	_____	_____
Current Clinical Competence (for privileges attached)	_____	_____	_____
Medical Records Completion	_____	_____	_____

Within the past 2 years, has your Department performed professional performance evaluation review of **this practitioner's privileges listed on the enclosed privileges delineation form?** (For supervisor only) **Yes *No**

Are you aware of the results of these reviews? (For supervisor only) **Yes *No**

Can the practitioner **safely and competently** exercise the privileges requested and perform the duties and responsibilities of medical staff appointment? **Yes *No**

To the best of your knowledge, has the practitioner demonstrated any non-professional or unethical behavior towards colleagues, staff, or patients? ***Yes No**

To the best of your knowledge, has the practitioner ever been subject to an investigation, voluntary or involuntary resignation (to avoid investigation), or any other type of disciplinary action? ***Yes No**

To the best of your knowledge, has the practitioner demonstrated any personality problems, which might affect his/her performance? ***Yes No**

Dates you worked with the above named practitioner: _____

Your relationship to the practitioner: Supervisor Peer

Comments: _____

My overall evaluation for medical staff membership: Recommend without reservation *Cannot recommend *Recommend with reservation
** answers require written explanation*

 Signature, Date TITLE Facility

 Signature, Chief or Designee (if there are any issues) Date