



## Applicant Reference Request Form

Name of Applicant: \_\_\_\_\_ Applicant Specialty: \_\_\_\_\_

Name of Evaluator: \_\_\_\_\_ Evaluator's Specialty: \_\_\_\_\_

Evaluator's Phone or email: \_\_\_\_\_ Peer Supervisor Proctor

How long have you known the above applicant? \_\_\_\_\_

Last Clinical Contact with Applicant (mo/yr) and location name: \_\_\_\_\_

Please rate the Applicant in the following competencies:

Competency	Does not meet standards	Meets standards	Exceeds standards	Excellent	Can't Judge
Communication Abilities(Patients, colleagues, Applicant and ancillary staff)					
Professionalism					
Work Habits					
Charting and Documentation					
Clinical Skill					
Competence					
Adaptability					

1. Do you have any reason to believe the Applicant would pose a risk to patients? Yes No
2. Are there any issues you are aware of that might affect the Applicants work? Yes No
3. To your knowledge has the above Applicant lost their privileges at any facility? Yes No
4. Are you aware of any disciplinary actions or concerns with the Applicant's competence? Yes No
5. Are you aware of any past or pending malpractice claims against the Applicant? Yes No
6. Would you have any concerns with the Applicant treating a member of your family? Yes No
7. Are you aware of any limitations or boundary issues with the Applicant? Yes No

Please explain any "yes" answers on questions 1-7: \_\_\_\_\_

What are some of the Applicant's strengths? \_\_\_\_\_

What are some areas for improvement? \_\_\_\_\_

Additional comments or concerns? \_\_\_\_\_

Would you hire the above Applicant Yes No

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

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

Name, Position/Title(please print) \_\_\_\_\_