



Carolinus HealthCare System

February 6, 2017

RE: _____

Applicant to: Carolinus HealthCare System

Name of individual completing form: _____

The above practitioner is applying to participate with Carolinus HealthCare System. Letters of reference (LOR's) / Peer Reference Forms from partners within the same practice will be accepted if you attest that there is no financial conflict of interest. We also cannot accept LOR's / Peer Reference Forms from a relative.

I attest that I have no financial Conflict of Interest nor am I a relative of the applicant.

PROFESSIONAL RELATIONSHIP

1. What is/was the applicant's specialty? _____
 2. Do you personally know the applicant? Yes _____ No _____
 3. How long have you known the applicant? _____
 4. Affiliation/Relationship with applicant: ___ Personal ___ Hospital ___ Practice ___ Previous Supervisor
 ___ Supervising Physician ___ Referring Physician ___ Other (please specify) _____
- If training verification, please verify dates and completion if applicable. _____

DISCIPLINARY ACTIONS

To your knowledge, have any of the following ever been, or are currently in the process of being denied, revoked, suspended, reduced, limited, placed on probation, not renewed, voluntarily or involuntarily relinquished, or has the applicant ever withdrawn, or failed to proceed with an application for any of the following?

	Yes	No	Do Not Know
Medical/Clinical license in any state			
Other professional registration/license			
DEA/controlled substance registration			
Membership on any hospital medical staff			
Clinical privileges			
Prerogatives/rights on any medical staff			
Other institutional affiliation or status there at			
Professional society membership or fellowship/board certification			
Any other type of professional sanction			
Professional liability insurance			

If yes, to any of the above please give details: _____



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Has the applicant exhibited any health or behavioral problems, which may affect his/her ability to provide quality patient care?

(Include signs of mental health, alcohol or substance abuse behavior). Yes No

If yes, please give details: _____

GENERAL RATING – Please rate the applicant in the following categories:

	Excellent	Good	Average	Marginal	Do Not Know
1. Patient Care					
• Provides compassionate, appropriate and effective care					
2. Medical/Clinical Knowledge					
• Basic clinical knowledge					
• Professional expertise/competence					
3. Practice-Based Learning and Improvement					
• Availability for and thoroughness in patient care					
• Adequacy of medical record documentation					
• Ability to safely perform within their scope of practice					
4. Interpersonal & Communication Skills (Patient, Families, Colleagues, Health Care Team)					
• Ability to verbally communicate					
• Ability to work cooperatively with others					
• Rapport with patients					
• Ease of contacting the practitioner					
5. Professionalism					
• Clinical judgment					
• Sense of responsibility					
• Ethical and moral character					
• Overall professional performance					
6. Systems-Based Practice					
• Understands systems involved in care delivery					
• Core measures to improve care					
7. Other					
• Adherence to patient safety standards					



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My recommendation concerning this practitioner's application is:

- Recommend highly without reservation
- Recommend as qualified and competent
- Recommend with some reservation (please explain below)
- Would not recommend (please explain below)

Comments: _____

This report is based on:

- Close, personal observations
- General impression
- Composition of evaluation by supervisors
- Other _____

PRIVILEGES

Do you have any doubts about the applicant's qualifications for privileges in their practicing specialty or any physical or mental health conditions that could affect his/her ability to perform his/her job duties?

Yes _____ No _____

If yes, please explain: _____

Signed by: _____

Printed Name: _____

Title: _____

Date completed: _____ Telephone :() _____ - _____

Core Privileges

(Below are the clinical privileges the candidate/applicant is requesting)

Management of care including risk appraisal, interpretation of diagnostic tests, providing treatment for patients with complex needs who are critically ill within the age group of patients seen by the sponsoring physician(s). The Allied Health Professional may not admit patients to the hospital.

NOTE: Core Clinical Privileges include: Apply, remove, and change dressings and bandages; counsel and instruct patients and significant others as appropriate; perform wound debridement and general care for superficial wounds and minor superficial surgical procedures; direct care as specified by medical staff approved protocols; perform emergent treatment; emergent management of acute cardiopulmonary arrest following Advanced Cardiac Life Support (ACLS), in accordance with certification; initiate referral to appropriate physician or other healthcare professional of problems that exceed the Allied Health Professionals scope of practice; insert and remove nasogastric tubes; make daily rounds on hospitalized patients with or at the direction of the supervising physician; obtain and record medical/social history and perform physical examinations including rectal and genito-urinary examinations as indicated; order and interpret electrocardiograms with immediate second reading by supervising physician; order and perform initial interpretations of simple plain x-ray films with second reading by supervising physician (or radiologist); order diagnostic testing and therapeutic modalities such as laboratory tests, medications, treatments, x-ray, EKG, IV fluids and electrolytes; perform endotracheal extubation; perform field infiltrations of anesthetic solutions; perform incision and drainage of superficial abscesses; perform urinary bladder catheterization (short-term and indwelling); perform venous punctures for blood sampling, cultures, and IV catheterization; remove pulmonary artery catheters; record progress notes; write discharge summaries.