



# Atrium Health

February 6, 2017

RE: \_\_\_\_\_

**Applicant to: Atrium Health**

**Name of individual completing form:** \_\_\_\_\_

\*\*\*\*\*

The above practitioner is applying to participate with Atrium Health. 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limited, placed on probation, not renewed, voluntarily or involuntarily relinquished, or has the applicant ever withdrawn, or failed to proceed with an application for any of the following?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
<b>1. Patient Care</b>					
• Provides compassionate, appropriate and effective care					
<b>2. Medical/Clinical Knowledge</b>					
• Basic clinical knowledge					
• Professional expertise/competence					
<b>3. Practice-Based Learning and Improvement</b>					
• Availability for and thoroughness in patient care					
• Adequacy of medical record documentation					
• Ability to safely perform within their scope of practice					
<b>4. Interpersonal &amp; Communication Skills (Patient, Families, Colleagues, Health Care Team)</b>					
• Ability to verbally communicate					
• Ability to work cooperatively with others					
• Rapport with patients					
• Ease of contacting the practitioner					
<b>5. Professionalism</b>					
• Clinical judgment					
• Sense of responsibility					
• Ethical and moral character					
• Overall professional performance					
<b>6. Systems-Based Practice</b>					
• Understands systems involved in care delivery					
• Core measures to improve care					
<b>7. Other</b>					
• Adherence to patient safety standards					



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RE: \_\_\_\_\_

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Name of individual completing form: \_\_\_\_\_

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. Please mark the core privileges you are recommending the applicant for.)

\_\_\_\_\_

Adult Urgent Care:

Provide care, treatment, and services consistent with adult practice, including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling for patients within the age group of patients seen by the sponsoring physician(s). The Allied Health Professional may not admit patients to the hospital.

NOTE: General Adult Core Clinical Privileges include: Manage adolescent and adult patients for the population served with illnesses, diseases and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, and genitourinary systems at the direction of the supervising physician; Counsel and instruct patients and significant others as appropriate; perform wound debridement and general care for superficial wounds and minor superficial surgical procedures; removal of foreign body from the eye, nose or ear; suture uncomplicated lacerations; direct care as specified by medical staff approved protocols; initiate referral to appropriate physician or other healthcare professional of problems that exceed the Allied Health Professionals scope of practice; 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; order diagnostic testing and therapeutic modalities such as laboratory tests, medications, treatments, X-ray, EKG, IV fluids and electrolytes; remove central venous catheters; perform venous punctures for blood sampling, cultures, and IV catheterization; record progress notes; write discharge summaries.

AND/OR

\_\_\_\_\_

Pediatric Urgent Care:

Provide care, treatment, and services consistent with Pediatric practice, including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling for patients within the age group of patients seen by the sponsoring physician(s). The Allied Health Professional may not admit patients to the hospital.

NOTE: General Pediatric Core Clinical Privileges include: Manage patients with common illnesses, injuries or disorders, this includes the care of the normal newborn as well as the uncomplicated premature infant equal to or greater than thirty-six (36) weeks gestation at the direction of the supervising physician; counsel and instruct patients and significant others as appropriate; perform wound debridement and general care for superficial wounds; foreign body removal, suture uncomplicated lacerations; direct care as specified by medical staff approved protocols; initiate referral to appropriate physician or other healthcare professional of problems that exceed the Allied Health Professionals scope of practice; 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; order diagnostic testing and therapeutic modalities such as laboratory tests, medications, treatments, X-ray, EKG, IV fluids and electrolytes; perform venous punctures for blood sampling, cultures, and IV catheterization; record progress notes; write discharge summaries.