



Date:

Name of Applicant:

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limited, placed on probation, not renewed, voluntarily or involuntarily relinquished, or has the applicant ever withdrawn, or failed to proceed with an application for any of the following?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: _____

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



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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 :() _____ - _____

In order to expedite the processing of this application, we ask that you email your completed and signed recommendation to fellowship.applicants@atriumhealth.org or fax it to 704-446-0221.

Should you have any questions, please call the Center for Advanced Practice at 704-446-5185 M-F, 8A – 5P EST.