



## Carolinas HealthCare System

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

Applicant to: Carolinas HealthCare System

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

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

### 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. What was your affiliation?\_\_\_Personal \_\_\_Hospital \_\_\_Practice \_\_\_Other(specify)\_\_\_\_\_

If training verification, please verify dates and completion if applicable.

\_\_\_\_\_

### PRIVILEGES

1. In what capacity did you observe the applicant's clinical practice? \_\_\_\_\_

2. Do you have any doubts about the applicant's qualifications for privileges in requested specialty or her ability to perform the procedures listed on the enclosed Delineation of Privileges Form? Yes\_\_\_ No\_\_\_\_\_

3. Would you recommend the applicant for appointment at our facility? Yes\_\_\_ No\_\_\_\_\_

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limited, placed on probation, not renewed, voluntarily or involuntarily relinquished, or has the applicant ever withdrawn, or failed to proceed with an application for any of the following?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



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

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

	Excellent	Good	Average	Marginal	N/A
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					
<b>Comments:</b>					



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

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

- ☐ My recommendation concerning this practitioner's application for appointment/affiliation is:
  - ☐ Recommend highly without reservation
  - ☐ Recommend as qualified and competent
  - ☐ Recommend with some reservation
  - ☐ Would not recommend
- ☐ This report is based on:
  - ☐ Close, personal observations
  - ☐ General impression
  - ☐ Composition of evaluation by supervisors
  - ☐ Other \_\_\_\_\_

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.)

AND/OR

#### Adult Primary 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.

#### Pediatric Primary 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.

Please use legal – sized envelopes. Please type or print the address below on the front of the envelope and provide your evaluator this form with the envelope.

Britney Broyhill, DNP, ACNP-BC  
NP Fellowship Coordinator

OR

Cragin Greene, MHS, PA-C  
PA Fellowship Coordinator

Carolinas Healthcare System  
Center for Advanced Practice  
P.O. Box 32861  
Charlotte, NC 28232-2861