

APPLICANT APPRAISAL FORM

Note For Referee:

Please provide information relative to the scope and level professional and clinical competence in the areas in which procedures are requested.

NAME OF REFEREE:

NAME OF APPLICANT:

Has requested to be privileged for the following procedures:

1. List Of Procedures Requested:

A)

B)

C)

D)

E)

(If more room is needed, please list on a separate sheet)

2. How long have you known the applicant professionally and what is your relationship?

3. The number and types of procedures performed by the applicant on record (copy of Section 7: Details of Procedures in the Application For The Credentialing as attached)

The skill and competence demonstrated in performing invasive procedures (include information on appropriateness, outcome and the number of Procedures performed).

General Comments:

4. Please complete the following assessment of the applicant's ethical and professional qualifications. **Please tick (✓) at the appropriate box.**

	Average	Above Average	Below Average	No knowledge
Clinical knowledge				
Clinical skills				
Professional Clinical judgment				
Sense of clinical responsibility				

5. Please list at least two referees familiar with your clinical skills.

Please complete the following recommendation for procedures requested.

[illegible]

6. RECOMMENDATION BASED ON: (May Choose More Than One)

_____ Close personal observation
_____ General impression
_____ Composite of evaluation by supervisors
_____ Others _____

_____	_____	
Signature	Title	
_____	_____	_____
Name of Institution / Hospital	Phone Number	Date