

**APPRAISAL OF MEDICAL OFFICER (MO)/SPECIALIST BY HEAD OF  
DEPARTMENT (HOD) / SUPERVISOR**

Name of applicant

Name of HOD:

Date of evaluation:

The log book of this MO/specialist has been reviewed by appointed supervisor  
(if applicable):

This MO/specialist has demonstrated:

	YES	NO	NA
- Good clinical judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Participated in Department CPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Participated in Quality Improvement Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Acceptable Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Ethical Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Good clinical skills for the level of seniority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I note the following concerns about:

	YES	NO	NA
- Competency in clinical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Maturity in asking for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Communications with patients, family and staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Any existing health problems that may effect patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1) I recommend that clinical privileges be approved by Credentialing & Privileging Committee as applied by applicant

or

equivalent to level of training year

or

as listed below:

- 1.
- 2.
- 3.

2) Comments & Remedial Action

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Signature and stamp of HOD/Supervisor

.....  
Date