

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:

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 _____	