

ALABAMA COMMUNITY HEALTHCARE NETWORK, INC.
2501 BELL ROAD, SUITE #3, MONTGOMERY, AL 36117, (334) 27043377

Date:

Addressee
Street Address
City, State, Zip

RE: Provider name
Provider SS#
Specialty

To Whom It May Concern:

The above named practitioner has applied for appointment to the Alabama Community Health Care Network, Inc., as a provider.

Dr., Mr., Ms. _____ has listed your name as a peer reference. We would appreciate any comments that would be pertinent to our consideration of this individual's qualifications as a provider for our Network of Community Health Care Centers. Accordingly, we have enclosed our reference work sheet for your completion.

Please accept our thanks in advance for your prompt reply to this request We have enclosed a self-addressed, stamped envelope for your convenience in returning the reference.

Sincerely,

Delaine Reaves, R.N.
Clinical Coordinator
Alabama Community Health Care Network, Inc.

Enc: Provider Consent to Release Information
Self-Addressed Stamped Envelope

ALABAMA COMMUNITY HEALTH CARE NETWORK, INC.
 2501 BELL ROAD, SUITE #3, MONTGOMERY, AL 36117, (334) 270-8377

PEER REFERENCE WORKSHEET

Please mark the following boxes as appropriate with an "X" so as to signify the applicant's performance in each key area:

	SATISFACTORY	UNSATISFACTORY	COMMENTS
Clinical Knowledge			
Clinical Competence			
Professional Judgment			
Responsibility			
Work Habits			
Personal Ethics			
Relationships with Patients			
Relationships with Peers			
Professional Behavior			
Team Member			
Timeliness and Quality of Medical Records			
Any disciplinary actions taken against applicant during the period that you have known this applicant?	___no	___yes	
Any mental or health problems known that could affect applicant's ability to provide high quality direct patient care?	___no	___yes	
How many years have you known applicant?	___years		

Your Recommendations:

- ___ Recommend without Reservation
- ___ Recommend with some Reservations (Please explain in an accompanying letter or by telephone)
- ___ Would not recommend for appointment (Please explain in an accompanying letter or by telephone)

Signature of Person Completing Document

Typed or Printed Name

Title

Date Completed