

CONFIDENTIAL

RE: Request for Professional Reference for:

Dear

Your name has been listed as a professional reference for the above named colleague, Your completion of this questionnaire will facilitate his credentialing process within our organization.

Please base your evaluation of the following factors on the applicant's demonstrated performance compared to reasonable expectations of a physician with a similar level of training, experience, and background.

	FAVORABLE	UNFAVORABLE
Basic Medical Knowledge		
Sense of Responsibility		
Technical Skill		
Quality of Medical Records		
Physician-Patient Relationship		
Relationship with Nursing Staff		
Ability to Understand, Speak, and Write English		
Professional Judgement		
Clinical Competence		
Medical Record Completion		
Patient Management		
Cooperativeness, Ability to work with Others		

Recommend without Reservation: Yes ____ No ____ Do Not Recommend

Recommend with the Following Reservations: _____

How many years have you known the applicant? _____

What is your relationship to the applicant? _____

Your general impression of the applicant is _____

Signature _____

Date _____