Professional Reference Questionnaire

This sample questionnaire may be adapted for a variety of professional references, such as residency/fellowship director, previous healthcare affiliations (e.g., clinical service/ department chair), peer recommendations, etc.

[Bracketed information is intended to be instructional to users and therefore should be removed from the form before use.]

Section I

[To be completed by organization requesting the reference]

Name of reference: _____

Professional evaluation concerning: [Applicant's full name, including any other name(s) used]

_____
_____
_____

Specialty/subspecialty:

_____
_____
_____

Attach or scan applicant's picture here

We have received an application from the above-named and pictured individual stating that he/she: (indicate as applicable)

- ❑ completed a residency, internship, fellowship (requesting entity: circle as applicable) at your institution
  from __ __ / __ __ to __ __ / __ __ (MM / YY - MM / YY)

- ❑ was a staff member at your institution
  from __ __ / __ __ to __ __ / __ __ (MM / YY - MM / YY)

- ❑ has named you as a professional reference

The reference should check the accuracy of the information above, and change or complete as appropriate.

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Section II

[To be completed by the individual providing the reference]

Present professional position: _____

My responses are based on (check all appropriate responses)

❑ direct observation.
❑ review of accumulated information and reports about the practitioner's performance.

I know the applicant (check the most accurate response)

❑ very well. ❑ well. ❑ casually. ❑ personally. ❑ professionally.
❑ I do not personally know the applicant. (If checked, please skip the remaining questions in this section (Reference's relationship with the applicant) and go directly to Section III (Professional knowledge, skills, and attitude.)

Please answer the following questions based on your personal knowledge and direct observations. Your candor is greatly appreciated.

REFERENCE'S RELATIONSHIP WITH THE APPLICANT

1. **How long have you known the applicant?** _____

2. **During what time period did you have the opportunity to directly observe the applicant's practice of medicine?**
   _____

3. **In what setting(s) did you observe the applicant (e.g., office, hospital, residency program, etc.)?**
   _____
   _____

4. **Was the applicant active in your organization?**

   ❑ Yes ❑ No

   How frequently did you observe the applicant?

   ❑ Daily ❑ Weekly ❑ Monthly ❑ Infrequently

   Comment:
   _____
   _____

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5. Was your observation done in connection with any official professional title or position?

❑ Yes ❑ No

If so, please indicate title and organization:

_____

What was the applicant's title or position?

_____

6. Were you previously, are you now, or are you about to become related to the applicant as family or through a professional partnership or financial association?

❑ Yes ❑ No

If yes, please explain:

_____
_____
_____
_____

Section III

PROFESSIONAL KNOWLEDGE, SKILLS, AND ATTITUDE

If you do not have adequate knowledge to answer a particular question, please indicate Unable to evaluate (UE)

1. Please rate the following as Excellent (Ex), Good, Average (Avg), Below average (BA), or Unable to evaluate (UE):

Medical knowledge					
- Basic medical/clinical knowledge	❑ Ex	❑ Good	❑ Avg	❑ BA	❑UE
- Knowledge in specialty	❑ Ex	❑ Good	❑ Avg	❑ BA	❑UE
- Technical and clinical skills	❑ Ex	❑ Good	❑ Avg	❑ BA	❑UE
Clinical judgment					
- Basic clinical judgment	❑ Ex	❑ Good	❑ Avg	❑ BA	❑UE
- Availability and thoroughness of patient care	❑ Ex	❑ Good	❑ Avg	❑ BA	❑UE
- Appropriate and timely use of consultants	❑ Ex	❑ Good	❑ Avg	❑ BA	❑UE
- Quality/appropriateness of patient care outcomes	❑ Ex	❑ Good	❑ Avg	❑ BA	❑UE
- Appropriateness of resource use (e.g., admissions, procedures, length of stay, tests, etc.)	❑ Ex	❑ Good	❑ Avg	❑ BA	❑UE
- Clinical pertinence and completeness of medical record documentation	❑ Ex	❑ Good	❑ Avg	❑ BA	❑UE

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Communication skills

- Overall communication skills	❑ Ex	❑ Good	❑ Avg	❑ BA	❑UE
- Verbal and written fluency in English	❑ Ex	❑ Good	❑ Avg	❑ BA	❑UE
- Clarity/legibility of records	❑ Ex	❑ Good	❑ Avg	❑ BA	❑UE
- Responsiveness to patient needs	❑ Ex	❑ Good	❑ Avg	❑ BA	❑UE

Interpersonal skills

- Ability to work with members of healthcare team	❑ Ex	❑ Good	❑ Avg	❑ BA	❑UE
- Rapport with patients	❑ Ex	❑ Good	❑ Avg	❑ BA	❑UE
- Rapport with families	❑ Ex	❑ Good	❑ Avg	❑ BA	❑UE
- Rapport with hospital staff	❑ Ex	❑ Good	❑ Avg	❑ BA	❑UE

Professionalism

- Timely documentation of medical record	❑ Ex	❑ Good	❑ Avg	❑ BA	❑UE
- Participation in medical staff organization activities (e.g., committees, leadership positions, etc.)	❑ Ex	❑ Good	❑ Avg	❑ BA	❑UE
- Participation in continuing medical education	❑ Ex	❑ Good	❑ Avg	❑ BA	❑UE
- Demonstration of ethical standards in treatment	❑ Ex	❑ Good	❑ Avg	❑ BA	❑UE
- Maintenance of patient confidentiality	❑ Ex	❑ Good	❑ Avg	❑ BA	❑UE
- Fulfillment of clinical emergency department call responsibilities	❑ Ex	❑ Good	❑ Avg	❑ BA	❑UE

2. Upon review of the applicant's request for clinical privileges and criteria, as applicable, (enclosed), do you find the privileges requested to be appropriate and in keeping with your knowledge of the applicant's experience and clinical activity at your organization?

❑ Yes ❑ No

If no, please explain:

_____

_____

_____

3. Have you ever observed or been informed of any physical, mental, emotional, or behavioral issues the applicant has or had that could potentially affect his/her ability to exercise all or any of the privileges requested or to perform the duties of medical staff appointment?

❑ Yes ❑ No ❑ No information

If yes, please explain:

_____

_____

_____

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4. To the best of your knowledge, have any of the following ever been denied, challenged, investigated, terminated, reduced, not renewed, limited, withdrawn from or resignation submitted, suspended, revoked, modified, placed on probation, relinquished, or voluntarily surrendered, or do you have knowledge of any such actions that are pending?

- license or registration ❑ Yes ❑ No ❑ No information
- clinical privileges ❑ Yes ❑ No ❑ No information
- hospital appointment ❑ Yes ❑ No ❑ No information
- affiliation with any healthcare organization ❑ Yes ❑ No ❑ No information
- professional status ❑ Yes ❑ No ❑ No information
- employment or contract arrangement with any healthcare facility ❑ Yes ❑ No ❑ No information
- employment or contract arrangement with a physician group ❑ Yes ❑ No ❑ No information

If yes, please explain:

_____

_____

_____

5. Do you know of any malpractice action instituted or in process against the applicant?

❑ Yes ❑ No ❑ No information

If yes, please explain:

_____

_____

_____

Section IV

SUMMARY

I have reviewed the clinical privileges requested and my recommendation concerning the specific clinical privileges requested is as follows:

❑ I recommend granting all privileges as requested by the applicant.
❑ I recommend granting privileges as requested by the applicant with the limitations specified below:*
❑ I recommend not granting the applicant the privileges listed below:*
❑ I recommend not granting any privileges requested by the applicant:*

*Please explain any reservations or concerns regarding any specific privilege/services requested by the applicant.

_____

_____

_____

_____

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I have reviewed this practitioner's application for appointment/affiliation and my recommendation concerning this practitioner's application for appointment/affiliation is as follows:

❑ I recommend the applicant.
❑I recommend the applicant with the reservations listed below: **
❑ I do not recommend the applicant. **

**Please explain any reservations or concerns regarding the applicant's request for appointment/affiliation.

_____
_____
_____
_____

Please use this section for any additional comments, information, or recommendations that may be relevant to our decision to grant appointment/affiliation or specific clinical privileges/services to the applicant.

_____
_____
_____
_____

If you would like to discuss this applicant with someone from our organization, please call _____ at _____ and a mutually convenient time for a phone conversation will be arranged.

Reference provided by: _____

Signature: _____ **Date:** _____ **Field of practice:** _____
Telephone: (_____) _____ **ext.**_____ **E-mail:** _____

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