



CONFIDENTIAL PROFESSIONAL PEER REFERENCE

Name of Applicant: \_\_\_\_\_ Specialty: \_\_\_\_\_

Name of Reference: \_\_\_\_\_ Located: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Specialty: \_\_\_\_\_

(Partner, Training Director, Colleague, Med Staff Leader)

Evaluation: Please rate the practitioner in the following areas

- Patient Care is compassionate, appropriate, and effective for the treatment of health problems and promotion of health
Medical Knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
Practice-Based Learning & Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals
Professionalism as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
System-Based Practice as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value

Table with 3 columns: Satisfactory, Fair, Unsatisfactory. Rows include Patient Care, Medical/Clinical Knowledge, Practice-based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, Systems-based Practice.

\* Two or more fair or any unsatisfactory ratings require additional explanation (see comments section)

Health Status:

Do you know of any physical or mental condition that could affect the practitioner's ability to exercise clinical privileges requested in his/her specialty area, or would require an accommodation to exercise those privileges safely and competently?
[ ] No [ ] Yes - (If YES, please provide and explanation)

Peer Recommendation (check one):

- [ ] I recommend privileges as requested without reservation.
[ ] I recommend privileges as requested with the following reservation(s):
[ ] I do not recommend this applicant for the following reason(s):

Comments: \_\_\_\_\_

Signature of Peer

Date

Name, Position/Title of Peer (Please Print)

Phone Number

Address: \_\_\_\_\_

Please return form by email to: HSC-UNMHS\_CVO@salud.unm.edu or fax to: (505) 272-6055, Attn: Monica Aragon, CPCS