



Reference Letter

Please Check One (as applicable)

No Hospital Privileges

Not Board Certified

Allied Professional

Reference Letter for: _____

Name of Reference: _____

Please explain your relationship to the applicant: _____

Hospital Name: _____ Department Name: _____

Street Address: _____

City: _____ State: ____ Zip: _____

1. How long have you known the applicant? _____

2. Would you recommend this physician for participation in the network? Yes No

Please explain a "No" answer: _____

*3. To the best of your knowledge, are there any concerns relating to:

- | | | |
|--|-----|----|
| 1. professional performance | Yes | No |
| 2. judgment | Yes | No |
| 3. clinical skill | Yes | No |
| 4. competency | Yes | No |
| 5. mental or physical status | Yes | No |
| 6. any impairment related to chemical dependency | Yes | No |

*4. To the best of your knowledge, does the practitioner have any: pending or closed disciplinary actions? Yes No

*5. To the best of your knowledge, does the practitioner have any: pending or closed malpractice cases? Yes No

* For any "Yes" responses to questions 3, 4 or 5, please explain: _____

Signature: _____ Title: _____ Date: _____