

LAC+USC Attending Staff Association

REQUEST FOR RECOMMENDATION - DEPARTMENT OF _____

Dr. _____ is being considered for reappointment to the Attending Staff in the Department indicated above. Your confidential evaluation would be appreciated.

I have known the applicant for _____ years _____ months.

I have known the applicant in the following capacities:

Have you evaluated the applicant's competency within the past 2 years? YES NO

EVALUATION ELEMENT DURING THE PAST 2 YEARS	Excellent	Good	Fair	Poor	Unknown
A. Medical Knowledge					
B. Technical Skills					
C. Patient Care and Clinical Judgement					
D. Professionalism					
E. Ethical Conduct					
F. Practice-based Learning and Teaching Skills					
G. Systems-based practice / Use of resources					
H. Maintenance of Medical Records					
I. Provider/Patient Relations/Grievances					
J. Communication Skills					
K. Interpersonal Skills					
L. Works within Delineated Privileges					

If you answered **Fair/Poor/Unknown** please explain:

This recommendation is based on: close observation / general impression / composite evaluation by others
 Other _____

A. To the best of your knowledge, has the practitioner's license, clinical privileges, hospital staff membership, or other professional status ever been denied, restricted, suspended, or revoked? YES NO

If you answered "YES" please explain:

B. To the best of your knowledge, is the practitioner free of all physical, mental and behavioral impairments, which could potentially impair his/her ability to practice? YES NO

C. Do you recommend that the applicant be appointed/reappointed to the Staff? YES NO

D. To the best of your knowledge, can the individual perform to accepted standards of professional performance without posing a direct threat to patients? YES NO

If you answered "NO" to questions **B** through **D** please explain:

Print Name: _____
 Phone Number: _____

Signature: _____
 Date: _____

Please return to the LAC+USC Healthcare Network Attending Staff Office, 1200 North State Street, Clinic Tower, Room 2B300, Los Angeles, CA.

Directed to: **Vera Anguiano**, in the envelope provided. Fax: 323/441-8123 or Email: vanguiano@dhs.lacounty.gov (Rev. 02/13)