LAC+USC Attending Staff Association

REQUEST FOR RECOMMENDATION - DEPARTMENT OF _____

Dr. _____ is being considered for appointment/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: _____ Signature: _____
Phone Number: _____ 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: Jesus Ceja ,in the envelope provided.

(Rev. 02/13)