



**Medical Staff Office**  
 8200 Dodge Street, Omaha, NE 68114  
 Phone: (402) 955-3776, Facsimile: (402) 955-3780

**NAME OF APPLICANT:**

**REFERENCE PROVIDED BY:**

**Specialty:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Practice Name:** \_\_\_\_\_

Please answer all questions based on personal knowledge and direct observation:

<b>EVALUATION OF APPLICANT in the following areas:</b>	<b>No Concerns</b>	<b>Some Concerns</b>	<b>No Knowledge/ Not applicable</b>
Medical knowledge, technical & clinical skills, clinical judgment, communication skills, interpersonal skills and professionalism			
Medical /Clinical knowledge in specialty			
Clinical judgment			
Quality/Medical record completion			
Interpersonal skills			
Communication skills			
Professionalism			
Technical and clinical skills			
Ethical Conduct: Clinical care, patient confidentiality, informed consent & business practice			
Sense of responsibility			
Patient management			
Analyze practice experience, evaluate outcomes & makes appropriate changes			
Practice cost-effective healthcare & resource allocation that does not compromise quality of care			

\*\*Please explain the reason for being some concerns:

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**REFERENCE QUESTIONNAIRE**

**APPLICANT NAME:**

To your knowledge, has this applicant:

- A. Ever been the subject of disciplinary action by a Licensing Authority, Board of Trustees or Medical Staff:
- |                           |            |          |               |
|---------------------------|------------|----------|---------------|
| For Unethical Conduct     | _____ Yes* | _____ No | _____ Unknown |
| For Clinical Incompetence | _____ Yes* | _____ No | _____ Unknown |
| For Any Other Reason?     | _____ Yes* | _____ No | _____ Unknown |
- B. Ever been a defendant in a felony criminal matter? \_\_\_\_\_ Yes\* \_\_\_\_\_ No \_\_\_\_\_ Unknown
- If yes, was the matter: Settled out of court \_\_\_\_\_ Brought to trial \_\_\_\_\_
- Defendant found: Liable \_\_\_\_\_ Not Liable \_\_\_\_\_ Matter Pending \_\_\_\_\_
- I do not know disposition \_\_\_\_\_
- C. Been involved in a malpractice matter? \_\_\_\_\_ Yes\* \_\_\_\_\_ No \_\_\_\_\_ Unknown
- D. Health Status: Is there any reason why this practitioner would not be able to carry out the obligations and prerogatives of the Medical Staff/Allied Health Professional staff membership and perform the clinical privileges s/he is requesting without exposing the practitioner or others to health and safety risks?  
 \_\_\_\_\_ Yes\* \_\_\_\_\_ No \_\_\_\_\_ Unknown

If "Yes" to any question above, please explain: (Attach separate sheet if necessary.)

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**EVALUATION INFORMATION:**

How many years have you known the applicant? \_\_\_\_\_

During what time period did you know or observe the applicant? \_\_\_\_\_

In what setting was the applicant observed (i.e., office, hospital, training program)? \_\_\_\_\_

What is/was your professional relationship to the applicant? \_\_\_\_\_

**RECOMMENDATION:**

Recommend \_\_\_\_\_ Do Not Recommend \_\_\_\_\_

Recommend with the following reservations(s): \_\_\_\_\_

Optional: If you would like to be contacted regarding this reference please indicate below:

\_\_\_\_\_ Yes I would like to be contacted at ( ) \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For other pertinent information, please attach a separate sheet.

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## PRACTITIONER'S REQUEST FOR PRIVILEGES

### APPLICANT NAME:

Privileges Requested at: Children's Hospital & Medical Center

The above named practitioner has applied for Medical Staff/Allied Health Professional at Children's Hospital & Medical Center and has requested staff privileges with procedures as shown on the attached list.

Please indicate below if you feel this practitioner is capable of performing the privileges requested in the **PEDIATRIC AGE GROUP** based on either training received, privileges held at your facility or peer knowledge. Thank you for your prompt attention to this matter.

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To my knowledge, the above named practitioner is capable of performing the requested **PEDIATRIC PRIVILEGES** listed:

\_\_\_\_ YES \_\_\_\_ NO \*\*If "NO", please explain.

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**OR check here:** \_\_\_\_ I do not feel I can comment regarding the requested privilege(s).

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Signature

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Printed Name

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Date

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Institution & Your Title

Sincerely,

Credentialing Specialist