

Potomac Anesthesia Associates &
Holy Cross Anesthesiology Associates

APPLICANT REFERENCE FORM

To Whom It May Concern:

Dr. _____ has applied for a position with our anesthesiology group and they have listed you as a professional reference. In order to complete the application process, we request that you complete this form and return it at your earliest convenience to hcaarecruit@gmail.com. If you prefer, you may write a letter of recommendation and send your letter via email as well.

Please let us know if you have any questions and we greatly appreciate your prompt response.

Sincerely,
The Recruiting Committee

1. Applicant Name: _____
2. How long have you known the applicant? _____ years _____ months
 - a. In what capacity? _____
3. Would you possess sufficient knowledge of the applicant to provide a comprehensive evaluation?
Yes _____ No _____

4. EVALUATION

This evaluation should be based on demonstrated performance compared to that reasonably expected of a practitioner with a similar level of training, experience and background as this applicant.

1=Below Average 2=Average 3=Above Average 4=Exceptional

(Please check only one box per line)

Clinical Knowledge/Skills

- | | 1 | 2 | 3 | 4 | N/A |
|---|---|---|---|---|-----|
| a. Demonstrates knowledge required to successfully care for patient during preoperative, intraoperative and postoperative period. | | | | | |
| b. Clinical judgement | | | | | |
| c. Critical thinking skills during emergencies/crisis management | | | | | |
| d. Ability to perform neuraxial procedures | | | | | |
| e. Proficiency performing peripheral nerve blocks | | | | | |

Professionalism

1

2

3

4

N/A

a. Punctuality

b. Reliability

c. Adherence to rules, policies & procedures

d. Quality of Medical Records

Communication & Interpersonal Skills

a. Communication with colleagues & staff

b. Communication with patients

c. Flexibility/Cooperativeness

Other

a. Accepts feedback & implements to improve care

b. Participation in facility activities and quality improvement initiatives

5. Please describe this applicant's greatest strengths and any areas in need of improvement.

6. To your knowledge, has the applicant been subject to any work related disciplinary action, suspension or termination? No Yes, please explain below

7. This applicant will be expected to provide care for a variety of cases, except cardiac, at two acute care institutions with high volume/high risk OB and several ASC's/office anesthesia locations. Do you have any reservations about this applicant's competency to practice independently in this private practice setting?

No

Yes, please explain below

8. Please add any other information you feel would be helpful.

Thank you for taking the time to complete this reference form. Please provide your information below, attesting to the validity of the responses based upon your personal experience with this applicant.

Date

Name

Email

Phone

Signature