



NEBRASKA'S HEALTH SCIENCE CENTER

Letter of Good Standing in Clinical Privileges

_____ is applying for a fellowship position in the University of Nebraska Medical Center Department of Anesthesiology Perioperative and Critical Care Echocardiography Executive Medical Fellowship (EMF) program. To allow a thorough evaluation of this physician's capabilities and qualifications, please complete this questionnaire.

If any of the following questions are answered in the affirmative, please provide a detailed explanation on a separate sheet of paper.

Have there been any limitations placed on this practitioner's clinical privileges?

Yes _____ No _____ Unknown _____

Has this practitioner ever demonstrated unacceptable mental judgment?

Yes _____ No _____ Unknown _____

Has this practitioner ever been censured or disciplined while a member of your staff?

Yes _____ No _____ Unknown _____

Are you aware of any adverse actions by any medical society, professional organization or government agency relation to this practitioner's professional practice?

Yes _____ No _____ Unknown _____

Are you aware of any physical or mental health problems, which would impair this practitioner's skill, attitude or judgment in the performance of his/her professional or medical staff duties?

Yes _____ No _____ Unknown _____

Are you aware if this practitioner (currently or previously) has/had any problems or issues related to any form of substance abuse?

Yes _____ No _____ Unknown _____

Do you have any additional information that may be helpful in evaluating this applicant for appointment/reappointment? _____ (please attach additional explanation as applicable).

(continued on next page)



NEBRASKA'S HEALTH SCIENCE CENTER

Letter of Good Standing in Clinical Privileges (cont.)

Please rank each performance factor listed by using the key below

Unsatisfactory = U, Satisfactory = S, Excellent = E, Unknown = UK

<u>Skill</u>	<u>Rating per scale ie U; S; E; UK</u>
Clinical Knowledge?	
Clinical relationships with peers?	
Clinical relationships with patients?	
Clinical competence/skills?	
Clinical relationships with staff?	
Emotional stability?	
Dependability?	
Instructional skills?	
Administrative competence?	

Is applicant a member in good standing of your Medical Staff? Yes ____ No ____

Specialty: _____

Status: Active ____ Courtesy ____ Associate ____ Consulting ____

Please indicate applicant's date of appointment to your staff:

_____ through _____

What privileges has applicant been granted by your facility?

Clinical Privileges: Full ____ Restricted ____ (If restricted, please explain)

Signature Date

Name (please print legibly) Your Facility/Affiliation