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)
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

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

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