

## Professional Reference Questionnaire

Name of Applicant: \_\_\_\_\_

Specialty Being Assessed: \_\_\_\_\_

Relationship to Applicant:  Supervisor  Peer  
 Other (please specify): \_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_

How often have you had the occasion to observe this applicant in clinical practice, and in what settings? \_\_\_\_\_

Does your association with this person include family ties, professional partnership, or financial arrangements?  No  Yes (please explain): \_\_\_\_\_

Has your relationship included these factors in the past, or are there any plans to enter into such an association in the future?  
 No  Yes (please explain): \_\_\_\_\_

Please assess this applicant's performance and abilities in the following areas, based on your personal knowledge and direct observation.

	Excellent	Satisfactory	Inadequate	Unknown, or Not Applicable
<b>Knowledge of Basic Clinical Principles</b>				
<b>Specialty Knowledge</b>				
<b>Clinical Judgment</b>				
<b>Technical Skills</b>				
<b>Interpersonal Skills</b>				
<b>Communication Skills</b>				
<b>Professionalism</b>				
<b>Ethical Behavior</b>				
<b>Apparent Emotional Health</b>				
<b>Apparent Physical Health</b>				

Do you have information or concerns in any of these areas that should be discussed further before a privileging decision is made on this applicant?  
 No  Yes (please explain): \_\_\_\_\_

Are you aware of any other matters pertaining to this person's ability to deliver safe, competent clinical care?  
 No  Yes (please explain): \_\_\_\_\_

Would you recommend the employment and/or privileging of this person to practice within the Military Health System:

YES, WITHOUT RESERVATION

YES, WITH RESERVATIONS (please explain): \_\_\_\_\_

\_\_\_\_\_  
 NO (please explain):

\_\_\_\_\_  
 PLEASE CONTACT ME TO DISCUSS:

Preferred method of contact: \_\_\_\_\_

Reference Provided By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Profession and Specialty of Recommender

\_\_\_\_\_  
Title / Organization

Telephone number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Please return completed references directly to MEDCOM Quality Management.**

Email instructions can be found at:

<https://www.qmo.amedd.army.mil/credentialing/ASAP.htm>

Fax: 210-221-6160

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