

PEER REFERENCE FORM

Name: _____

The above practitioner has made application for appointment to the PENN Behavioral Health Network of the University of Pennsylvania Health Systems. As part of this process, we would appreciate information requested below. The PENN Behavioral Health Credentials Committee will hold the information in confidence, and we would appreciate your complete candor in responding to this inquiry. Thank you for your prompt attention to this request.

1. How long have you known the applicant? _____
2. My knowledge of the applicant's competence is based on:
 Personal Observation Program Director Colleague Other: _____
3. Please describe your knowledge of the candidate's professional competence:

	Excellent	Good	Fair	Poor	No Knowledge	Comments
Basic Clinical Knowledge						
Professional Judgment						
Competence/Skills						
Sense of Responsibility						
Patient Management						
Provider/Patient Relationship						
Cooperativeness/Ability to Work with Others						

Comments : _____

Signature: _____

Printed Name: _____

Title: _____ Date: _____

Return this form to: Carol Holmes
 3535 Market St., Suite 4044
 Philadelphia, PA 19104
 Tel: 215-746-7906/ Fax: 215-573-6465

Please fee free to use additional paper for Comments.