

I \_\_\_\_\_ give permission for \_\_\_\_\_ to complete the peer letter for my NYPH appointment.

The above-named clinician has applied to New York Presbyterian Hospital for an initial appointment. The practitioner has given your name as a professional who could attest to current competence and ability to perform privileges at our hospital.

**ALL QUESTIONS MUST BE ANSWERED TO ASSURE APPOINTMENT.**

How well do you know the applicant? \_\_\_\_\_ not well \_\_\_professional acquaintance \_\_\_\_\_ very well

Please describe the nature and extent of your observation of the practitioner's clinical performance. Hospital  Office  Clinic  Other \_\_\_\_\_ Daily  Weekly  Monthly  Infrequently

Please comment on the practitioner's professional knowledge, skills and attitude by rating the following:

	Excellent	Good	Fair	Poor	Unable to evaluate
<b>Medical Knowledge:</b> has good knowledge of established and evolving biomedical, clinical and cognate sciences and how to apply this knowledge to patient care.					
<b>Clinical Judgment</b> – refers to the observation, perceptions, impressions, recollections, intuitions, beliefs, feelings and inference of providers.					
<b>Communication Skills</b> – is able to sustain a therapeutic and ethically sound relationship with other caregivers, patients, and their families.					
<b>Interpersonal Skills</b> – works effectively with other professionals.					
<b>Professionalism</b> – demonstrates respect, compassion and integrity.					

**Health Status** -Are you aware of any health issues that may have a potential effect on the applicant's ability to perform the privileges being requested?     Yes         Not to my knowledge

Additional comments \_\_\_\_\_

**Overall recommendation (check ONE):**

- I recommend without reservation
- I recommend with the following reservation(s)
- I do not recommend this applicant for the following reason(s):

Completed by: \_\_\_\_\_

Signature Date: \_\_\_\_\_

Print Name and title: \_\_\_\_\_

**Please return the completed form within two weeks. Failure to receive the form will delay consideration of the applicant's request for a hospital appointment. Please return to :**

**NewYork –Presbyterian Hospital  
Graduate Medical Education Office  
525 East 68<sup>th</sup> Street, Box #312  
New York, NY, 10065**