## Medical Solutions.

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## Professional Reference

Candidate Name:				Title:	Dates of Employment:			
Facility	•			City:	State:			
Specialty Areas Worked: Trauma Level:				# of Beds/Suites:	Avg.Patient/Case Load:			
				Teaching Facility:				
01	02	03	O N/A	O Yes O No				

Candidate Skills Assessment	Above Superior Average Average			Fair	Not Applicable	
Adaptability	0	0	0	0	0	0
Communication Skills w/Peers & Management	0	0	0	0	0	0
Communication Skills w/Patients & Families	0	0	0	0	0	0
Dependability/Punctuality	0	0	0	0	0	0
Documentation	0	0	0	0	0	0
Assessment Skills	0	0	0	0	0	0
Identify, Develop, Implement Care Plan	0	0	0	0	0	0
Clinical Skills Overall	0	0	0	0	0	0
Job Performance Overall	0	0	0	0	0	0

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Give Examples of Common Diagnoses/Types of Pa	tients Cared For:		s This Applicant Have Charge Experience:			
		O Yes	O No	O N/A		
Documentation System Used:		Reason ( is Leavin	Left Facility or			
What Areas Need Improvement:		O Travel Position		O PRN Status	O Lay-Off	
Do You Have Any Additional Comments Pertaining	taining to the Quality	Resigned or Resigning		O Terminated	O N/A	
of This Candidate?		Is This Person Eligible For Rehire?				
		O Yes	O No	O N/A		
Reference Name:	Title:			Phone #:		
Taken Via Telephone By:				Date:		