Eastpointe Provider Evaluation Form

We need one of these forms completed by two different evaluators and/or references.

		ioner, not partner Rei aff where practitioner has a		_	Supervisor
Naı	me of Applicant:		Group Name:		
The		Eastpointe network applic			
1.	What is your specialty/ci	redentials?			
2.	What is your relationship	to the applicant?			
3.	How long have you known the applicant?				
4.	How would you rate the applicant's professional abilities?				
	ExcellentVery GoodGoodFairPoor				
5.	How would you rate the applicant's ability to work and communicate with physician and non-physician staff? ExcellentVery GoodGoodFairPoor				
6.		applicant's rapport with con			
	•	y Good Good F			
7.		be the applicant's strengths		f any)?	
			,	• ·	
	b) Weaknesses:				
8.	Malpractice claims Problems with med Revocation, denial	the applicant had any of the ?YesNo dical licensure, certification, , or change in hospital privil	or licensing boards	No	_No
	History of/or current impairment due to drugs and/or alcohol?YesNo				
	If your answer is y	es to any of the above ques	tions, please provic	le details.	
9.	Nould you recommend this person as a provider for the Eastpointe network? Without reservationWith reservationWould not recommend				
10.	Please provide any othe	r information that would be	helpful to us in eva	uating this appli	cant.
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⊨va	aluator's Signature:			_ Date:	
Prir	nted Name:		Telephon	e Number:	
Add	dress:				
	oup Name	Street	City	State	Zip Code