



**MEDICAL PEER REFERENCE REQUEST**

To: \_\_\_\_\_ Date: \_\_\_\_\_

We are soliciting a short professional peer review for credentialing and potential membership in the Northern Colorado Individual Practice Association (NCIPA) for the medical professional listed below. This person has given your name as a reference, and we would appreciate your review of their performance for our credentialing process as required for credentialing standards and audit purposes. Prompt response will be very helpful.

Please fax back this information as quickly as possible.

**\*\* FAX TO: Northern Colorado IPA at (970) 224-9624\*\***

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

Relationship/Location: \_\_\_\_\_ Date of Affiliation: \_\_\_\_\_

<b>Performance Topic</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>
Basic Medical Knowledge			
Knowledge Within Clinical Specialty			
Technical Skills			
Clinical Judgement			
Availability and Thoroughness in Patient Care			
Clarity and Completeness of Medical Records			
Timeliness of Medical Records Completion			
Rapport/Communication with Patients			
Ability to Understand, Communicate, Write English			

<b>YES</b>	<b>NO</b>
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Did the applicant ever attempt procedures beyond his/her skills privileges or assigned duties?

\_\_\_\_\_

Was the applicant ever subject to or considered for disciplinary action?

\_\_\_\_\_

Did the applicant have any physical or mental conditions to affect his/her capacity to practice?

\_\_\_\_\_

Did the applicant ever appear to be under the influence of drugs or alcohol during work time?

\_\_\_\_\_

This information is being provided based upon my: \_\_\_\_\_ Direct Knowledge/Observation  
 \_\_\_\_\_ Indirect Knowledge/File Data  
 \_\_\_\_\_ File Data Only

Reference Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

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

Thank you for your time & reply!