

Professional Reference Request: Medical Skills Evaluation

Consent by Employee:

Facility Name:

Street Address:

City, State, Zip:

Manager/Supervisor:

Name

Title

Phone Number

APPLICANT: Please complete this reference request by completing the blanks above to correspond with your employment of this application.

Signature

Social Security Number

EMPLOYER: The individual named above has applied for employment with GRACE Staffing Inc. In order to maintain JCAHO competency standards, we ask that you provide the information requested below. Your response will be held in the strictest confidence. Please email to denise@gracestaffinginc.com. Thank you for your assistance.

EMPLOYEE PROFILE:

Employee's name:

Position held:

Employed from:

To

Is Employee eligible for rehire?

Yes

No

If no, please explain:

FACILITY/UNIT PROFILE:

Unit/Floor/Dept.

Specialty

of beds

Avg. patient caseload

Teaching

Non-Teaching

of beds in facility

Charge Experience?

Yes

No

UNIT DESCRIPTION:

GRACE Staffing Inc.

PROFESSIONAL REFERENCE:

Key: A = Superior B = Exceeds Standards C = Meets Standards D = Does Not Meet Standards

	A	B	C	D		A	B	C	D
Adaptability	—	—	—	—	Professionalism	—	—	—	—
Communication skills	—	—	—	—	Quality of work	—	—	—	—
Competency	—	—	—	—	Reliability/Attendance	—	—	—	—
Follows safety/emergency protocols	—	—	—	—	Teamwork/cooperation	—	—	—	—
Initiative	—	—	—	—	Thorough/accurate documentation	—	—	—	—

AGE SPECIFIC COMPETENCY (please check the patient population(s) the employee served):

Neonates/newborns

Children

Young/middle aged adults

Geriatrics

Name of evaluator:

Signature:

Title:

Phone Number:

Date:

Document Verify By:

Date and Time: