

### CLINICAL REFERENCE

APPLICANT NAME		SOCIAL SECURITY NUMBER	
POSITION HELD		DATES OF EMPLOYMENT	
EMPLOYER / FACILITY NAME			
STREET ADDRESS			
CITY		STATE	ZIP CODE
SUPERVISOR or REFERENCE NAME / TITLE		TELEPHONE NUMBER	

I Hereby Give Permission To The Above Named Employer To Release Information To MEDSOURCE Regarding My Performance While Employed At That Facility.

APPLICANT SIGNATURE	DATE
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The candidate has applied to MEDSOURCE for placement assistance and your name has been submitted as a former employer for reference referral purposes. The serious nature of our responsibility to our clients is such that any consideration of the individual by MEDSOURCE is dependent upon receipt of satisfactory references. We appreciate your cooperation in replying to the questions listed below. Please be assured that your response will be kept in the strictest confidence. Thank you in advance for this courtesy.

Please Rate The Employee In Each Of The Categories Below. Check Your Response.

PROFESSIONAL EVALUATION	EXCELLENT	ABOVE AVERAGE	SATISFACTORY	BELOW AVERAGE	POOR
CLINICAL SKILLS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1. ASSESSMENT OF PATIENT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. DOCUMENTATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. KNOWLEDGE IN AREA OF EXPERTISE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. ABILITY TO RELATE TO PATIENTS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
QUALITY OF CARE (Accurate/Provides Safe Care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
QUANTITY OF WORK (Timely & Complete)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PROFESSIONALISM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
INITIATIVE AND ENTHUSIASM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADAPTABILITY TO WORK SITUATIONS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ABILITY TO ACCEPT DIRECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COOPERATION WITH STAFF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COMMUNICATION SKILLS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ATTENDANCE, PUNCTUALITY & RELIABILITY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADDITIONAL COMMENTS:					
IS THIS EMPLOYEE ELIGIBLE FOR REHIRE? <input type="radio"/> YES <input type="radio"/> NO			POSITION HELD: <input type="radio"/> STAFF <input type="radio"/> PER DIEM <input type="radio"/> TRAVELER		
APPRAISERS SIGNATURE / NAME:			TITLE:	DATE:	