

**PEER REFERENCE LETTER PSYCHOLOGIST**

**COMMONWEALTH OF KENTUCKY  
CABINET FOR HEALTH AND FAMILY SERVICES  
OFFICE FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS  
310 Whittington Parkway, Suite 200 Louisville, KY 40222**

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Professional Degree \_\_\_\_\_ DOB \_\_\_\_\_

KY State License Number \_\_\_\_\_ KY Medicaid Number \_\_\_\_\_

Practice Name \_\_\_\_\_

Office Address \_\_\_\_\_  
City State Zip Code Country

The OCSHCN would appreciate your evaluation of the above referenced practitioner who has applied for appointment or re-appointment to our medical staff in the field of psychology. The practitioner has given your name as a peer reference.

Please complete the following information and return to us at your earliest convenience.

1 To your knowledge, has this practitioner ever been subject to any disciplinary action, such as reprimand, suspension, or voluntary or involuntary termination? If yes, provide details below. Yes  No

2 Are you aware of any physical, mental or chemical dependency condition, that would affect this competence to practice in his or her field? If yes, provide details below. Yes  No

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**Evaluation:** This evaluation shall be based on demonstrated performance compared to that reasonably expected of a practitioner at his or her level of training, experience, and background.

	Above Average	Average	Below Average	No Knowledge
3 Medical and clinical knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Technical and clinical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Clinical judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Interpersonal skills (cooperative, ability to work with others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9 The above information is based on which of the following:

Close personal observation:  A composite of evaluations:  General impressions:

10 Recommendation:

- Do not recommend
- Recommend, without reservation
- Recommend, with the following reservations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you wish to be contacted to provide additional information? Yes  No

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date