

FACILITY RECOMMENDATION LETTER

**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) _____

Specialty _____ DOB _____

Institution: _____

_____ has applied for appointment to the medical staff at the Kentucky Office for Children with Special Health Care Needs. He or she has indicated having staff privileges at your facility. To assist us in assessing this practitioner's professional competencies and to verify the status of clinical privileges held at your facility, please respond to the questions below to the best of your knowledge. Thank you.

- 1 How well do you know the applicant?
 Not Well Professional acquaintance Very Well
- 2 Is this practitioner a present member of your medical staff? Yes No
- 3 Are the clinical privileges in good standing at your facility? Yes No
- 4 Have there been any past disciplinary actions, or current pending actions, taken against this staff member? If the answer is yes, please provide explanation below or on a separate sheet. Yes No
- 5 Has this practitioner's professional performance been within or above the acceptable standard of care? Yes No
- 6 Has this practitioner demonstrated good communication skills when carrying out duties with patients, families, and health care workers? Yes No
- 7 Has this practitioner demonstrated good clinical judgment in the care of patients in your facility? Yes No
- 8 To your knowledge, are there any physical or mental disabilities, including possible drug or alcohol dependency, that could potentially impair this practitioner's ability to perform the privileges granted at your facility? If the answer is yes, please provide an explanation below or on a separate sheet. Yes No

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Current Staff Status: _____ Date of Initial Appointment _____

Recommend highly without reservation: Do not recommend: Recommend with the following reservations:

Reservations: _____

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

Phone #: _____

Printed Name

Title

Signature

Date