

JOINT REFERENCE FORM

For The Schulich School of Medicine & Dentistry, London Health Sciences Centre,
and St. Joseph's Health Care London

Instructions to the Applicant:

- You are required to obtain three confidential references with your application for your academic appointment with Schulich School of Medicine & Dentistry and hospital privileges.
- Your referees should be someone who has worked with you within the last two years and must include at least one of the following: a Supervisor, Program Director, Department Chief, Chief of Staff or CEO.

Instructions to the Referee:

- Your personal knowledge of this applicant is important in judging suitability for appointment and privileges. Any concerns that you identify below should be explained.
- This is a confidential reference and will not be shared with the applicant at any time.
- Reference letters will **not be accepted** in lieu of this reference form.
- **Email this completed form directly to medical.affairs@londonhospitals.ca**

APPLICANT NAME: _____ DATE: _____

REFeree NAME: _____ EMAIL: _____

TITLE / POSITION : _____

DEPARTMENT: _____ HOSPITAL: _____

PROFESSIONAL RELATIONSHIP TO APPLICANT

How long have you worked with the applicant?

What was the working relationship of the applicant to you?

Is the applicant related to you? If so, specify relationship?

Please comment on the applicant's ability to pursue leadership roles and/or supervise staff.

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Please rate the applicant on the criteria below:

Criteria	Outstanding	Satisfactory	Unsatisfactory	No Knowledge
Ability to work with and relate to staff and leaders in a collegial and professional manner				
Ability to communicate and relate appropriately with patients and their families				
Clinical knowledge and competence				
Satisfaction of "on-call" responsibilities				
Completion of clinical record documentation				
General compliance with Public Hospitals Act, Credentialed Professional Staff By-Laws, and other relevant legislature				
Patient Management (ie. Monitoring of patients)				
Utilization of Hospital resources				
Willingness to participate in clinical, teaching and/or research responsibilities and obligations				
Ethical judgement				

If you responded 'unsatisfactory' to any of the criteria above, please comment below:

PROFESSIONAL CONDUCT

To the best of your knowledge, please respond to the following:

Yes

No

Does the applicant meet the requirements for continuing medical education?

If no, please comment: _____

Are you aware of any situation where the applicant has interacted inappropriately with patients or their families?

Are you aware of any situation where the applicant has been the subject of any professional misconduct proceeding?

Are you aware of any situation where the applicant has engaged in professional practice patterns that would endanger patient safety or welfare?

Are you aware of any situation where the applicant's academic appointment has been denied, suspended, revoked, modified or voluntarily surrendered?

Are you aware of any situation where the applicant's license has been denied suspended, revoked, modified or voluntarily surrendered?

JOINT STAFF REFERENCE FORM (page 3 of 3)

Are you aware of any situation where the applicant's clinical privileges have ever been denied, suspended, revoked, modified or voluntarily surrendered?

Does the applicant have any health related conditions or practices that would impact his/her ability to practice medicine, dentistry, midwifery or nursing?

If yes, please comment: _____

CLINICAL SERVICE

Please comment on the applicant's Clinical Service contributions.

TEACHING

Please comment on the applicant's Teaching contributions and their willingness to participate in teaching responsibilities and/or obligations (including Clinical and Non-Clinical Teaching)

RESEARCH

Please comment on the applicant's Research contributions and their willingness to participate in research responsibilities and/or obligations.

CLINICAL ADMINISTRATION

Please comment on the applicant's Clinical Administration contributions and their willingness to participate in administrative responsibilities and/or obligations (ie: serving on committees, etc.)

SUMMARY RECOMMENDATIONS

- | | |
|--|--|
| <input type="checkbox"/> Recommend highly | <input type="checkbox"/> Recommend with reservation (comment below) |
| <input type="checkbox"/> Recommend | <input type="checkbox"/> Do not recommend (comment below) |

Recommendation Comments, if necessary

Please feel free to provide any additional comments regarding the applicant.

By checking this box, I _____ confirm that the information submitted within this reference is correct to the best of my knowledge and belief.

Date: _____

This personal information on this form is collected under the authority of the Public Hospitals Act R.S.O 1990, c. P.40. and is used to consider an applicant for appointment to our professional staff. If you have questions about the collection of this information, contact Gloria Castelo, Professional Staff Planning & Credentialing Specialist, Medical Affairs, [519-646-6100](tel:519-646-6100) ext. 75127.