Credentialing application: referee report

Use this form to provide a referee report for a credentialing applicant. This form applies to both external allied health professionals and MNHHS-employed allied health professionals wishing to engage in extended scope practice. This form must be signed by the referee and a scanned copy submitted with the application.

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| **Applicant name** |       |
| **Referee name** |       |
| **Relationship to Applicant** |       |
| **Referee’s Response**: |
| **Clinical knowledge and abilities:**      |
| **Effective autonomous and teamwork practice, organisation, time and responsibility management skills:**      |
| **Communication with patients and health care professionals:**      |
| **Continuous quality improvement and evidence based approaches:**      |
| **Ethics and ethical conduct and behaviours, adhere to occupational health and safety practices:**      |
| **Other Comments:**      |
| **Authorising Officer (Referee or Professional Manager):** |
| **Name** |       |
| **Signature** |  |
| **Date** |       |