

Section VII. Professional Development

- a. # of continuing education credit hours awarded ____.
- b. # of papers published and professional presentations ____.
- c. Other recognitions of positive professional achievement (attach explanation/comments).

Section VIII. Evaluation Elements

Evaluation Elements	Sat	Unsat	Not Obs
a. Basic professional knowledge			
b. Technical skill/competence			
c. Professional judgment			
d. Ethical conduct			
e. Participation in staff, department, and committee meetings			
f. Ability to work with peers and support staff			
g. Ability to supervise peers and support staff			

Note: For any item marked "Unsatisfactory" in sections IV and VIII, provide full details in section XIII or on a separate sheet of paper and attach to this form. Identify items by section and letter.

Section IX. If the answer to any of the following questions is "Yes," provide full details in section XIII or on a separate sheet of paper and attach to this form. Identify items by section and letter.

To your knowledge has the practitioner (at this activity)	Yes	No
a. Had privileges or staff appointment adversely denied, suspended, limited, or revoked?		
b. Been the primary subject of a malpractice claim, action, JAGMAN investigation, or informal command investigation or inquiry?		
c. Had substandard care substantiated through one of the actions in b?		
d. Required counseling, additional training, or special supervision?		
e. Failed to obtain appropriate consultation?		
f. Been the subject of a disciplinary action for misconduct?		
g. Required modification of practice due to health status?		
h. Been diagnosed as being alcohol dependent or having a organic mental disorder or psychotic disorder?		

Section X. Address overall clinical competency of this provider
(attach additional sheets and identify section as needed)

Section XI. Address overall clinical competency of each supplemental privilege granted (attach additional sheets and identify section as needed).

Section XII

Title	Signature	Attached	Date
Department Head/SMO/SDO			
Practitioner			
Directorate			
Chair, Credentials Committee			
Chair, ECOMS/ECODS			

Section XIII. If the answer to any of the questions in section IX is "Yes" provide full details below or on a separate sheet of paper and attach to this form. Identify items by section and letter.
