

CONFIDENTIAL PEER REVIEW DOCUMENT

Focused Professional Practice Evaluation

To be completed by the Credentials Committee and Chief of Service

The attached Peer Review documents were reviewed by the department credentials committee.

Name of Practitioner _____

The Credentials Committee has determined that the Focused Professional Practice Review has been successfully completed.

The Credentials Committee recommends that the Focused Professional Practice Review should be extended for the following reasons:

The Credentials Committee recommends that the requested privilege(s) should not be granted/continued for the following reasons:

Credentials Committee Chair

Date

To be completed by the Chief of Service

I concur I do not concur for the following reasons:

Chief of Service

Date

Submit this completed form and the respective Proctoring Forms to the Medical Staff Office