



MEDICAL STAFF RECOMMENDATION LETTER

To: Mayaguez Medical Center

Applicant's Name: _____

1. How long have you known the applicant? _____
2. What is your relation with the applicant (hospital, office, personal)? _____
3. What was your position or professional title in that time? _____
4. What was the position of the applicant? _____

| CATEGORY | OUTSTANDING | GOOD | SATISFACTORY | POOR | NOT OBSERVED |
|--|-------------|------|--------------|------|--------------|
| Patient Care: Practitioners are expected to provide patient care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, treatment of disease, and care at the end of life. | | | | | |
| Medical/Clinical Knowledge: Practitioners are expected to demonstrate knowledge of established and evolving biomedical, clinical, and social sciences, and the application of their knowledge to patient care and the education of others. | | | | | |
| Practice-Based Learning and Improvement: Practitioners are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practice. | | | | | |
| Interpersonal & Communication Skills: Practitioners are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care team. | | | | | |
| Professionalism: Practitioners are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity and a responsible attitude toward their patients, their profession, and society. | | | | | |
| System-Based Practice: Practitioners are expected to demonstrate both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize health care. | | | | | |

Comments: _____

I certify that I know the applicant and I have monitored, evaluated or observed his or her professional involvement, I know his or her performance, his or her ethical behavior, his or her capacities to work with other co-workers. The applicant recognizes his or her obligation with relation to the care of patients and supervision of the treatment.

EVALUATING PHYSICIAN'S SIGNATURE

DATE

LIC.

PRINT NAME

PHONE