

CLINICAL PRIVILEGES BIENNIAL EVALUATION

(For use of this form, see USMEPCOM Reg 40-1)

FOR OFFICIAL USE ONLY

SECTION I - PHYSICIAN EVALUATION (To be completed by CMO)

NAME:	SSN:
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FUNCTION: CMO/ASST CMO <input type="checkbox"/> FEE-BASIS PRACTITIONER <input type="checkbox"/> CONSULTANT <input type="checkbox"/>	PERIOD: FROM _____ TO _____
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PRIVILEGES (List Below) <small>(Rate only applicable area; line out all others)</small>	ACCEPTABLE	BORDERLINE	UNACCEPTABLE	DISCIPLINARY ACTION TAKEN	PRIVILEGE SELDOM EXERCISED
1. To perform physical examinations IAW AR 40-501 and USMEPCOM Reg 40-1.					
2. Function as a profiling officer.					
3. Function as a consultant in					
PERFORMANCE ASSESSMENT (List Below) <small>(Qualifying statements may be made under "Remarks" on reverse side)</small>					
1. Basic Clinical knowledge displayed.					
2. Clinical judgment.					
3. Clinical performance.					
4. Communication skills.					
5. Rapport with applicants.					
6. Relationship with colleagues.					
7. Cooperation with personnel.					
8. Appearance.					
9. Emotional stability.					
10. Apparent physical health.					
11. Professional conduct.					
12. Ethical conduct.					
13. Leadership capability.					
14. Quality and timeliness of medical documentation.					
15. Participation/attendance at staff					

RATED BY (Signature):	DATE:	RATER'S NAME AND TITLE:	MEPS NAME AND ADDRESS:

NAME:	SSN:	PERIOD: FROM _____ TO _____	Page 2 of 2 Pages
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SECTION II - CREDENTIALS ACTION HISTORY (To be completed by practitioner)
If "yes" to any of the following, give full details on a separate sheet.

		YES	NO			YES	NO
16. Has your license to practice medicine in any jurisdiction ever been limited, suspended, revoked, or voluntarily surrendered?				20. Has your narcotics registration ever been suspended or revoked?			
17. Have you ever been refused membership in a hospital medical staff?				21. Have you ever been denied membership or renewal thereof, or been subject to disciplinary action in any medical organization?			
18. Has your request for any specific clinical privileges ever been denied or granted with stated limitations?				22. Have you had or do you presently have a significant medical or mental health problem?			
19. Have your privileges at any institution ever been limited, restricted, or revoked?				23. Have you ever been a defendant or the subject of a malpractice claim, or any other charge of unethical, inappropriate, unprofessional, or substandard care?			

24. WORK HISTORY UPDATE: I am am not employed in clinical assignments outside the MEPS. (Explain)

SIGNATURE OF PRACTITIONER	DATE
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SECTION III - PRIVILEGES REQUESTED (To be completed by practitioner)

25. CLINICAL PRIVILEGES RENEWED MODIFIED (Specify, see remarks)

To perform physical examinations within the scope of AR 40-501 and USMEPCOM Reg 40-1.

To function as the physical profiling officer.

To function as a consultant in _____

SECTION IV - RECOMMENDATION (To be completed by Credential Committee)

SECTOR SURGEON (Signature)	DATE
CREDENTIALS COMMITTEE MEMBER (Signature)	DATE
USMEPCOM SURGEON (Signature)	DATE

SECTION V - REMARKS