

How can I keep track of my references?

Keep a reference log:

- Full name of your reference
- Facility where you worked together
- Specialty
- Email address
- Phone number
- Period of time your worked together

What should I do before I give out a colleague's name as a reference?

Notify them a request is coming. This serves three valuable functions:

- It will allow you to verify their contact info
- They can expect the call or email and respond in a timely manner
- You can confirm they are available and willing to respond

Can pending references slow down my credentialing?

If a credentialing body is unable to reach your references for an extended period of time, it can slow or even halt the credentialing process. This is a very common problem when references are not expecting to be contacted.

Can I provide the same reference for multiple parties?

If you have provided the same person as a reference to multiple parties — such as a locum tenens agency, a hospital, and a licensing board — it's a good idea to let them know to expect more than one contact. If possible, try to use different references for each credentialing body to reduce the demand on each individual reference.

What specific reference requirements do Credentialing bodies typically have?

- Must be a peer
- Two of the three must be from the same specialty as you
- Must have worked with you in a clinical setting within the last 24 months
- Must have first-hand knowledge of your clinical performance



REFERENCE AND VERIFICATION REQUEST

ATTN: _____

Phone: _____ - _____ - _____

Email: _____

Phone: (800).909.5675 | Fax: (888).220.5658 | www.LocumCare.com

Applicant Name: _____

The above provider has applied for a position with LocumCare. Please take a moment and complete the evaluation within. This form is necessary for our credentialing process, the information attained will not be shared with the applicant.

**This information is confidential.*

PLEASE RETURN THIS COMPLETED FORM TO credentialing@locumcare.com

or

LOCUMECARE **CREDENTIALING** FAX (888) 220-5658.

I worked with the above-named provider at:	<u>INSTITUTION NAME</u> _____	<u>FROM (MM/YYYY)</u> ____ / ____	<u>TO (MM/YYYY)</u> ____ / ____ (Last date of clinical contact with provider)
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EVALUATION (Please check one of the following, if applicable.)

AREA OF EVALUATION	EXCELLENT	GOOD	AVERAGE	POOR	CANNOT EVALUATE
Clinical Performance					
Comprehension of Specialty Knowledge					
Documentation					
Motivation/Ambition					
General Behavior					
Communication Skills with:					
1. Colleagues					
2. Patients					
3. Administration					
4. Nursing					
Appearance					
Emotional Stability					
Interest in Hospital Affairs					
Leadership Ability					
Sense of Responsibility					
Patient Flow					
Peer Review					
Running a Code					
Attendance					



REFERENCE AND VERIFICATION REQUEST

ATTN: _____

Phone: _____ - _____ - _____

Email: _____

Phone: (800)909.5675 | Fax: (888)220.5658 | www.LocumCare.com

Applicant Name: _____

I am/was this provider's (Please check one.)

Colleague Supervisor Peer Administrator Other: _____

CONDUCT: (If yes, please explain)

1. To your knowledge, has the practitioner named above ever displayed signs or behavior of a person under the influence of drugs or alcohol while at work? _____
2. To your knowledge, has the practitioner ever been subject to any disciplinary actions, suspension, or termination? _____

RECOMMENDATIONS:

Do you highly recommend this individual for employment with our organization? (Please check one.)

Highly Recommend Without Reservation Recommend Recommend With Slight Reservation Do Not Recommend

COMMENTS: _____

Print Your Name: _____ Title: _____

Address: _____ Phone Number: _____

Signature: _____ Date: _____

THIS INFORMATION IS CONFIDENTIAL