UF UNIVERSITY of FLORIDA

College of Medicine
Department of Radiology

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CONFIDENTIAL VERIFICATION AND REFERENCE

DEPARTMENT OF RADIOLOGY
UNIVERSITY OF FLORIDA COM

This confidential document contains information concerning a former resident and is provided by the Department of Radiology at the University of Florida. This document is to be used for credentialing purposes only and is issued in response to a valid request by a hospital or agency for primary source verification of training and training program references. The contents of this report are to be used in place of other forms.

Name: _____

Dates: Residency: _____

DISCIPLINARY ACTION
To the best of my knowledge, this applicant **has / has not** been the subject of any disciplinary action or focused review, by any licensing board, hospital, institution, professional society, or peer review organization.

PROFESSIONAL LIABILITY
To the best of my knowledge, this applicant **has / has not** been involved in any investigation by any government agency or other legal body and was not the defendant in any malpractice suit during his residency training.

ABILITY TO PRACTICE RADIOLOGY

The training requirements of the Accreditation Council for Graduate Medical Education and the American Board of Radiology (or its equivalent) **have / have not** been satisfactorily completed by this applicant.

There **are / are not** concerns about this applicant's physical or mental health status which might affect his/her ability to practice, with or without reasonable accommodation.

Characteristics Data	Below Average	Average	Above Average
Basic Medical Knowledge	□	□	□
Clinical Skills	□	□	□
Technical Skills	□	□	□
Patient Management	□	□	□
Professional Judgment	□	□	□
Sense of Responsibility	□	□	□
Ethical Conduct	□	□	□
Relationship with Peers	□	□	□
Relationship with Staff	□	□	□
Relationship with Patients	□	□	□
Ability to speak/understand English	□	□	□

Based upon the available data, I **do / do not** recommend this applicant for the requested membership, clinical privileges, and/or participation in health care provision in the specialty of Radiology.

Comments:_____
_____
_____
_____

_____

Mariam Hanna, M.D.
Program Director
Department of Radiology
University of Florida COM

Date: _____