THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center
Making Cancer History®

Submit to:
Post Graduate Fellowship in Oncology Nursing at atollers@mdanderson.org or Fax to 713-745-7040

_____ was/is at _____
Name of Practitioner (Name of Facility)

From _____To _____During that time applicant was _____
(Date) (Date) (list employment title)

During the time above was the applicant ever subject to any disciplinary action, such as admonition, reprimand, suspension or termination? YES _____ NO _____
If the answer is yes, please give details in "Comments" or on a separate sheet.

To your knowledge is the applicant physically and mentally qualified by training and experience to perform his/her duties as an Advanced Practice Nurse?
YES _____ NO _____ EXCEPTIONS _____

EVALUATION: This evaluation should be based on demonstrated performance compared to that reasonably expected of a medical practitioner at his/her level of training, experience and background.

	Poor	Fair	Good	Superior	No Knowledge
Basic Medical Knowledge					
Professional Judgment					
Sense of Responsibility					
Ethical Conduct					
Competence and Skill					
Cooperativeness, Ability to Work With Others					
Record Keeping					
Patient Management					
Nurse - Patient Relationship					
Ability to Understand and Speak English					

RECOMMENDATIONS:
Recommend highly without reservations _____
Recommend as qualified and competent _____
Recommend with some reservation (please explain) _____
Do not recommend (please explain) _____

_____

_____

REPORT IS BASED ON:
Close personal observation _____
General impression _____
A composite of evaluations by supervisors _____
Other (please explain) _____

_____

_____

Date_____ Signature _____

Title _____

I understand by typing in my name in the signature space above I am electronically signing this document.