

Referee Report for Nurse Practitioner Credentialing and Scope of Clinical Practice Application

October 2022



Referee's Name:	
Position Title:	
Applicant's Name:	
Profession:	Nurse Practitioner:
1. Professional Relationship	
How long have you known the applicant?	
In what professional capacity have you known the applicant?	
When was your last professional contact with the applicant?	_____ (Month) _____ (Year)
Can you comment on the nature of the practice & patient population (gender, age, range of presentations) encountered in the professional practice of the applicant?	
2. Dynamic practice (please rate the applicant's skills as listed below)	
Application of high level knowledge and skills in extended practice across stable, unpredictable and complex situations:	
Conducts advanced, comprehensive and holistic health assessments relevant to the clinical context of practice	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> N/A
Demonstrates clinical proficiency in carrying out procedures and interventions that are evidence based and informed by specialist nursing knowledge (bearing in mind applicants level of experience)	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> N/A
Is an expert nursing clinician in the use of therapeutic interventions specific to, and based upon, their expert knowledge of specialty practice, including prescribing, use of diagnostics and referral	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> N/A

Patient record keeping skills (including clear and concise documentation)	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> N/A
Additional general comments on clinical skills & knowledge base in the applicant's requested scope of clinical practice	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> N/A
Are you aware of the applicant's participation in CPD activities related to the requested scope of clinical practice?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> N/A
3. Professional Efficacy (please rate the applicant's skills, as listed below)	
Establishes therapeutic links with the client and community that recognises and respects cultural and lifestyle choices	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> N/A
Establishes therapeutic links with the client and community that recognises and respects cultural and lifestyle choices	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> N/A
Demonstrates ability and confidence to apply extended practice skills competencies within scope of practice	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> N/A
Conducts a clinical service that is enhanced by autonomous and accountable practice	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> N/A
Time management skills which incorporate all aspects of the role including education, research and clinical workload	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> N/A
Additional comments on work ethic, reliability & punctuality:	
4. Clinical Leadership (please rate the applicant's skills, as listed below)	
Engages in clinical collaboration that optimises outcomes for patients	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> N/A
Engages in critique and influence at the systems level of health care e.g. development of local model of care, critique of HHS policy	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> N/A

Establishes effective relationships with other health professionals	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> N/A
Engages in health care policy and practice through active workplace participation and membership of professional organisations	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> N/A
Additional comments related to clinical leadership:	

5. Employability

Are you aware of any medical condition, mental or physical, (including substance abuse or dependence) and which might adversely affect the applicant's ability to practice safely and competently?	<input type="checkbox"/> Yes (if Yes, please note the actions taken to address concerns e.g. referral to NMBA)	<input type="checkbox"/> No
Are you aware of any formal complaints, disciplinary or legal action against the applicant?	<input type="checkbox"/> Yes (please describe)	<input type="checkbox"/> No
Would you offer this applicant another clinical position in your unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (please explain)

6. Conflict of Interest & Other Comments

Do you have a personal relationship with the applicant or any conflict of interest in providing this reference?	<input type="checkbox"/> Yes (please describe)	<input type="checkbox"/> No
Other comments you may wish to make (optional):		

7. Referee Certification

Name:	
Signature:	
Date:	

Please return this referee report by email to the HHS Credentialing Officer.