Radiology Referee Report for Credentialing and Scope of Clinical Practice

Applicant's name	
Referee's name:	
Phone	
Email	
Position title:	
Place of work	
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?:	

Clinical Skills & Knowledge Base (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:

How would you rate the applicant's knowledge, skills and ability in a clinical context?	☐ Excellent	☐ Good	☐ Adequate	☐ Poor	☐ N/A
How would you describe the applicant's ability to critically assess information, identify major issues, make timely decisions and act upon them?	☐ Excellent	☐ Good	☐ Adequate	☐ Poor	☐ N/A
How would you rate the applicant's ability to handle pressure and/or a busy workload?	☐ Excellent	☐ Good	☐ Adequate	☐ Poor	☐ N/A
How well does the applicant demonstrate interpersonal skills with patients and staff?	☐ Excellent	☐ Good	☐ Adequate	☐ Poor	☐ N/A
Procedural skills (bearing in mind applicant's level of experience)	☐ Excellent	☐ Good	☐ Adequate	☐ Poor	☐ N/A
Additional general comments on clinical skills & knowledge base in the applicant's requested scope of clinical practice.					
Are you aware of any formal complaints, disciplinary or legal action against the applicant?	☐ Yes (please describe) ☐ No				

Queensland Government

Declaration and signature

- I declare that I am the person named as the referee, and that the information I have given regarding the applicant is true and correct.
- I declare that I do not have any personal relationship with the applicant and have no conflict of interest in providing the reference
- I understand that the information I have provided may be used as part of an application process.
- I understand that I may be contacted to provide further details regarding this reference

Referee's signature	
Date:	