

**CONFIDENTIAL PEER REVIEW DOCUMENT
Focused Professional Practice Evaluation/Proctoring Evaluation**

To be completed by the Credentials Committee and Chief of Service

The attached Peer Review documents were reviewed by the department credentials committee.

Name of Practitioner: _____

This review is for a New Practitioner:

☐ is representative of their CORE clinical practice

☐ Category 1 privilege _____
Name of Privilege

☐ This review is for an Additional Privilege (practitioner currently on staff): _____
Name of Privilege

☐ This review is for a Privilege that required proctoring: _____
Name of Privilege

The Credentials Committee:

☐ has determined that the Focused Professional Practice Review has been successfully completed.

☐ has determined that the proctoring has been successfully completed and the practitioner may now perform this privilege independently. No further proctoring or FPPE is required. (MEC 10/23)

☐ recommends that the Focused Professional Practice Review should be extended for the following reasons:

☐ recommends that the requested privilege(s) should not be granted/continued for the following reasons:

Credentials Committee Chair

Date

To be completed by the Chief of Service

☐ I concur ☐ I do not concur for the following reasons:

Chief of Service

Date