Peer Reference Request

All Things Credentialing · Your one-stop shop for credentialing, privileging & enrollment

Letter and response form for a professional or peer reference. NAMSS's Industry Credentialing Standards (voluntary) recommend professional references from someone who has worked directly with the applicant within the past two years, peer references from the same discipline or license type, and a copy of the privileges requested on every reference form. Attach the applicant's signed authorization and release and the privileges requested.

GENERAL TEMPLATE — NOT LEGAL ADVICE. This document is a generic starting point from All Things Credentialing. It is not tied to any specific accreditor's standards, state law or payer contract. Adapt it to your bylaws, policies, current accreditation standards and applicable law, and have it reviewed by your compliance team or counsel before use.

Date of request	
To (Reference name and title)	
Address / fax / secure email or portal	
From (organization)	
Contact name, title	
Phone / email for response	
Our reference #	
Please respond by (date)	

The practitioner named below has applied for appointment, clinical privileges or participation with our organization and has listed you as a professional reference. A signed authorization and release is attached, along with a copy of the clinical privileges requested. Please complete, sign, and return the form to the contact above.

Your answers will be kept confidential and used only for credentialing and peer review purposes, as permitted by applicable law and our policies.

Part 1 — Applicant (completed by requesting organization)

Applicant full name	
Degree / provider type (e.g., MD, DO, NP, PA, CRNA)	
Specialty / department	
NPI	
Staff category requested	
Privileges requested (copy attached)	

Part 2 — About you and how you know the applicant

Your full name	
Title	
Email	
Organization	
Your discipline / license type	
Relationship to applicant (e.g., department chair, partner, program director, colleague)	
Known applicant (From – To), MM/YY – MM/YY	
Have you worked directly with the applicant in the past 2 years? ☐ Yes ☐ No	
How often did you observe the applicant's clinical work? ☐ Daily ☐ Weekly ☐ Monthly ☐ Rarely	

Part 3 — Clinical competence

Please rate the applicant on the six ACGME competencies, which NAMSS suggests references consider, as they relate to the privileges requested.

Competency	Excellent	Good	Fair	Poor	Unable to assess
Patient care (including technical and procedural skills)	☐	☐	☐	☐	☐
Medical knowledge	☐	☐	☐	☐	☐
Practice-based learning and improvement	☐	☐	☐	☐	☐
Systems-based practice	☐	☐	☐	☐	☐
Professionalism	☐	☐	☐	☐	☐
Interpersonal and communication skills	☐	☐	☐	☐	☐

Comments (optional)	

Part 4 — Privileges requested

I have reviewed the attached list of privileges requested. ☐ Yes ☐ No

☐ I recommend the applicant for all privileges requested

☐ I recommend the applicant with the conditions or exceptions listed below

☐ I do not recommend the applicant

☐ I can't assess the privileges requested

Conditions, exceptions or privileges you can't assess	

Part 5 — Professional conduct (to your knowledge)

Question	Yes	No / details
Have the applicant's clinical privileges or medical staff membership ever been denied, restricted, suspended, revoked or not renewed?	☐	☐
Has the applicant ever been placed on probation, required proctoring/FPPE for cause, or had other conditions placed on practice?	☐	☐
Is any investigation or corrective action involving the applicant pending?	☐	☐
Have you had any concerns about the applicant's professional conduct or behavior?	☐	☐

If you answered "Yes" to any question, please explain below or on a separate page.

Explanation	

Part 6 — Health question

NAMSS's recommended wording for peer references:

> To your actual knowledge, is the applicant currently suffering from or experiencing any condition or health issue that is not being treated and that impairs the applicant's judgment or that would otherwise affect the applicant's ability to practice medicine in a competent, ethical, and professional manner? ☐ Yes ☐ No
>
> *Responses to this question are confidential and used strictly for credentialing purposes. This question should not be answered if doing so would or could violate physician/patient obligations.*

Reference signature

I confirm that the information above is accurate to the best of my knowledge.

Signature	
Printed name	
Date	

For credentialing office use

Matches the peer reference table in the All Things Credentialing Initial Credentialing Checklist.

Date sent	
Date received	
Entered in credentialing software (date / initials)	
Reviewed by	