

## ANESTHESIOLOGIST INQUIRY FORM

Nationwide Anesthesia Services, Inc. is a national placement service for Locum Tenens and Permanent Anesthesiologists. It is our policy that before an applicant can be considered for temporary assignments or permanent placement, they are screened thoroughly. We have spoken with a candidate who has directed us to you for your personal and professional opinions. Please take a moment to complete this evaluation form and return to Nationwide Anesthesia Services, Inc., P.O. Box 992, Sandersville, GA 31082, or fax toll-free to (800) 210-5545. Thank you in advance for your assistance.

Candidate Name:	Phone:	
Reference Name:	Fax:	
Title:	Email:	
Hospital/Group:		
Address:		
Dates of Candidate's Employment:		
Was Candidate Terminated? YES □ NO □ Would You Rehire? YES □ NO □		
Were There Any Suspected Problems With Drugs, Al	lcohol, Nerves, Etc.? YES 🗖 🛚 🗈	NO 🗖
If Yes, Please Explain:		
Please Evaluate The Candidate Below According To <b>A</b> = ABOVE AVERAGE <b>B</b> = AVERAGE	The Following Scale: <b>C</b> = BELOW AVERAGE	<b>D</b> = UNACCEPTABLE
Adaptability To Work Situations Personal Appearance Attitude Technical Skills Ability To Get Along With Physicians, Cowork Knowledge And Ability To Practice "Safe Ane Physical Assessment And Management Of "H	Seeks Overal kers & Patients Coope esthesia"	lance And Punctuality  Consultation When Necessary  Il Professional Competence
Comments:		

Reference Signature: \_\_\_\_\_ Date: \_\_\_