NASI Per Diem Malpractice REFERENCE INQUIRY FORM

NASI Per Diem Malpractice is a perdiem malpractice carrier for CRNA's and Anesthesiologist's. It is our policy that before an applicant can be considered for malpractice coverage they are screened thoroughly. We have spoken with the candidate who has directed us to you for your personal and professional opinions. Please take a moment to complete this evaluation form and return by mail, fax or email to:

NASI Per Diem Malpractice P.O. Box 992 Sandersville, GA 31082 Fax (800) 210-5545 Email: Amanda.Griffin@nasinc.net

Thank you in advance for your response.

<u>Please note: Reference must be within past 2 years association. This reference form cannot be accepted</u> without a valid email and phone number for the person providing the reference

Candidate Name:					
Reference Name:		т	Title:		
Phone:	Cell:	0	Office:		
Fax: Email:					
Hospital/Group Where You	Worked With Candidate: _				
Address:					
Dates of Association With	Candidate Through This Er	nployment:			
Was Candidate Terminated	? YES 🖬 NO 🖬 🤍 W	ould You Rehire? Yf	ES 🖬 NO 🗖	נ	
Were There Any Suspected	Problems With Drugs, Alc	ohol, Nerves, Etc.?	YES 🖬 NO		
If Yes, Please Explain:					
			· · · · · · · · · · · · · · · · · · ·		
Please Evaluate The Candio A = ABOVE AVERAGE	date Below According To T B = AVERAGE	-	RAGE	D = UNACCEPTABLE	
Adaptability To Work Situations			Emotional Stability		
Personal Appearance			Attendance And Punctuality		
Attitude			Seeks Consultation When Necessary		
Technical Skills			Overall Professional Competence		
Ability To Get Along With Physicians, Coworkers & Patients			Cooperation		
Knowledge And Abi	lity To Practice "Safe Anes	thesia"			
Physical Assessmen	t And Management Of "High	gh Risk Patients"			
Comments:					
Reference Signature:			Date:		