ThriveAP
PROFICIENT. PRODUCTIVE. CONFIDENT.

Recommendation Release

First Name:_____ Last Name:_____

Name of Evaluator:_____

Applicant:

1. Please complete the information above.
2. Read and sign the statement below. This information will be considered confidential by MidlevelU and will not be made available to the applicant.

Authorization to Obtain Information from Third Parties:

I specifically authorize MidlevelU, Inc and its respective authorized representatives: (1) to consult with any third party who may have information bearing on my professional qualifications, credentials, clinical competence, character, ability to perform safely and competently, ethics, behavior, or any other matter reasonably having a bearing on my qualifications for initial and continued appointment to the ThriveAP Program and participating institutions; and (2) to obtain any and all communications, reports, records, statements, documents, recommendations or disclosures of third parties that may be relevant to such questions. I also specifically authorize third parties to release this information to MidlevelU, Inc and their respective authorized representatives upon request.

Signature of Applicant:_____ Date:_____

The recommendation may be submitted either by the applicant or the reference upon completion. The form may be emailed to midlevelu@midlevelu.com or mailed to the below address.

ThriveAP Applications
2817 West End Ave. #126-402
Nashville, TN 37203

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Recommendation

Evaluator: The candidate, _____, is applying for a ThriveAP+ position as well as clinical privileges to function as an advanced practice provider on the staff of one or more facilities affiliated with the ThriveAP Program. Please complete the evaluation for the above named candidate, completing all aspects of this form.

Should you require additional sheets of paper to complete the reference, please attach them to this form. Please enclose this form and any additional attachments in the enclosed envelope with the address above or email the completed form to midlevelu@midlevelu.com.

Please evaluate the applicant's qualifications by checking the appropriate box.

Qualifications	Excellent	Good	Average	Below Average	N/A
Intellectual Activity					
Critical Thinking					
Initiative					
Technical Skills					
Clinical Knowledge					
Clinical Judgement					
Verbal Communication					
Written Communication					
Emotional Stability					
Integrity					
Ethics					
Professionalism					
Independence					
Respect for Individuals					
Leadership					
Inquisitiveness					

How long and in what capacity have you known the applicant?

_____

_____

To your knowledge does the applicant provide compassionate, appropriate and effective patient care?

_____ Yes _____ No

Have any of the applicant's privileges or memberships been revoked, suspended, or diminished? Have any disciplinary actions been initiated or pending against the applicant or have they ever attempted procedures beyond their skill or training? If yes, then please explain in an attachment.

_____ Yes _____ No

Does the applicant demonstrate both an understanding of the contexts and systems in which healthcare is provided and apply this knowledge to approve and optimize health care by following the rules, maintaining completeness of medical records and arriving on time?

_____ Yes _____ No

To your knowledge, does the applicant practice in practice-based learning and improvement that involves investigation and evaluations of their own patient care, appraisal and assimilation of scientific evidence and core measures to improve patient care?

_____ Yes _____ No

Please list a few additional comments on why you would recommend this applicant for acceptance into ThriveAP+. Your impression of the applicant's scholarship and emotional stability will be especially appreciated.

_____

_____

_____

_____

_____

_____

Signature:_____ Date:_____

Name:_____

Position/Title:_____

Email:_____ Phone:_____