

Commander
 William Beaumont Army Medical Center
 El Paso, TX 79920

Credentials Committee
 Phone: 915-742-4432
 Fax: 915-742-4890

Date: 8-12-15

PROFESSIONAL RECOMMENDATION/QUESTIONNAIRE

Applicant Name: Derek Wimmer Medical Specialty: Physician's Assistant

Please answer all questions based on your personal knowledge and direct observations. Your answer will be confidential, except as necessary for accomplishing the credentialing process, or any due process procedures.

1. How long have you known the applicant? 1 year. Dates: From: August 2014 To: Current
2. In what capacity have you known the applicant? ___ Co-Worker ___ Supervisor ___ Other; PEER
3. Please rate the following:

	Excellent	Good	Fair	Poor	Unknown
Professional conduct	X				
Clinical judgment	X				
Thoroughness in patient care	X				
Relationship with patients and medical staff	X				

	Satisfactory	Unsatisfactory	Not Applicable
Medical Knowledge	X		
Appropriate and complete medical record documentation	X		

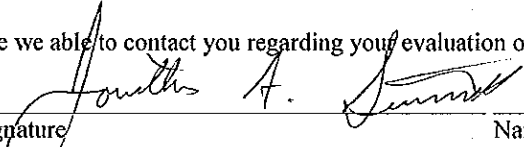
4. To the best of your knowledge, has the applicant ever (please add comments to any yes answers):
 - YES NO had any physical, mental, or emotional health problem(s) including any use of alcohol or drugs which might interfere with his/her capacity to carry out his/her duties as a member of the medical staff, or impair his/her competence to perform any of the specific clinical privileges requested?
 - YES NO had any medical liability claims, settlements, judicial or administrative adjudications, or any other resolved or open charges of inappropriate, unethical, and/or unprofessional substandard professional practice?
 - YES NO had his/her professional license denied, withdrawn, or restricted by a state or local licensing board, a health care facility or other authority?
 - YES NO resigned or otherwise disassociated from employment or practice after being notified of intent to start action against him/her for failure to properly accomplish professional responsibilities?

5. I recommend this provider for privileging in the above specialties. YES, ___ YES, with reservation, ___ NO

6. Comment on poor performance, adverse actions or any concerns you may have relevant to the applicant's consideration of privileging:

NONE

Are we able to contact you regarding your evaluation of this individual? YES ___ NO


 Signature

SFMC
 Name of Institution

JONATHAN A. SINNOTT
 Printed Name

(915) 742-6299
 Phone Number

OIC OF SFMC
 Your title

12 August 2015
 Date