

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
CLINICAL APPRAISAL REPORT

SECTION I: ADMINISTRATIVE DATA

CLINIC NAME	PERIOD COVERED	
NAME AND RANK/TITLE	FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)
PROFESSIONAL CATEGORY	STATUS: (AD/RES/CIV/CTR/AUX) <input type="text"/>	

PURPOSE OF REPORT

☐ Initial Review ☐ Interim Review ☐ ICTB ☐ Other: _____

CLINICAL PROFILE

SECTION II: CLINICAL PERFORMANCE

Check Satisfactory, Needs Improvement, or Not Observed

Note: If any question is marked "Needs Improvement" provide details in the comment section or attach a separate sheet.

	Evaluation Elements	Satisfactory	Needs Improvement	Not Observed
A.	Basic Professional Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Technical Skill/Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Professional Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Ethical Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Participation in Staff/Department/Committee Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	Ability to work with peers and support staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.	Ability to supervise peers and support staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H.	Patient rapport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.	Quality and completion of health record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

CONTINUATION SHEET

SECTION III: OTHER INFORMATION

Note: If any question is marked "Yes" provide details in the comment section or attach a separate sheet.

To your knowledge, during this period, has this staff member:		Yes	No
A.	Had licensure/clinical certification voluntarily or involuntarily investigated, denied, suspended, reprimanded, limited or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
B.	Been named in a malpractice action, claim, investigation or health care review inquiry?	<input type="checkbox"/>	<input type="checkbox"/>
C.	Provided substandard care substantiated through one of the actions listed in items "A" and "B" above?	<input type="checkbox"/>	<input type="checkbox"/>
D.	Required counseling, additional training or special supervision in response to performance, quality, monitoring or legal problems?	<input type="checkbox"/>	<input type="checkbox"/>
E.	Failed to obtain appropriate consultation?	<input type="checkbox"/>	<input type="checkbox"/>
F.	Required modification of job assignment due to health status?	<input type="checkbox"/>	<input type="checkbox"/>
G.	Been diagnosed with or treated for a substance use disorder, or been diagnosed with an organic mental or psychotic disorder that interferes with the performance of their duties?	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

SECTION IV: ENDORSEMENT BY HEALTHCARE PROVIDER'S SUPERVISOR

POSITION/TITLE OF ENDORSER		
PRINT NAME	SIGNATURE	DATE (MM/DD/YYYY)
CLINIC	POSITION	

Privacy Act Statement

Authority: 10 U.S.C. §1102, 42 U.S.C. Chapter 117, DoD Manual 6025.13, and DoD Regulation 6025.13-R.

Purpose: To obtain information necessary to credential a health care provider and determine whether that individual should have privileges to work, or continue working in a Coast Guard clinic, including information on malpractice claims and adverse privileging actions. Information is also collected to report malpractice claims or adverse privileging actions filed against a health care provider in connection with a service performed at a Coast Guard clinic.

Routine Uses: Information collected may be used and disclosed generally as permitted under 45 CFR Parts 160 and 164, the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, as implemented by DoD 6025.18-R. Information may be used and disclosed in accordance with 5 U.S.C 552 a(b) of the Privacy Act of 1974, as amended. Collected information may be shared with government boards, agencies, professional societies, or organizations if needed to license or monitor professional standards of health care practitioners. It may be released to civilian medical institutions or organizations where the practitioner is applying for staff privileges, or already privileged, regardless of whether the practitioner is still privileged by the Coast Guard. Information may also be used to conduct trend analysis for medical quality assurance programs.

Disclosure: Voluntary. However, failure to provide information may result in an individual's ineligibility to be privileged to serve at a Coast Guard clinic.