

Community Memorial Hospital  
**PA/NP/MIDWIFE/NURSE SPECIALIST PROCTOR FORM**

Observed AHP: \_\_\_\_\_ Proctor: \_\_\_\_\_

Medical Record #: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_

Procedures: \_\_\_\_\_

	<u>Unacceptable</u>	<u>Acceptable</u>
HISTORY & PHYSICAL EXAMINATION <i>(Meets all requirements)</i>	_____	_____
ABILITY TO INTERACT WITH OTHER HEALTH CARE PROFESSIONALS	_____	_____
ABILITY TO INTERACT WITH PATIENTS	_____	_____
PATIENT MANAGEMENT	_____	_____
DOCUMENTATION/RECORD KEEPING	_____	_____
HOSPITAL AND MEDICAL STAFF POLICY /PROCEDURE COMPLIANCE	_____	_____
OVERALL ABILITY & PERFORMANCE	_____	_____

OTHER COMMENTS:

Signature of Proctor/Evaluator \_\_\_\_\_ Date: \_\_\_\_\_

**Complete and return to the Medical Staff Office. (Fax 648-4295)**

Approved:  
Interdisciplinary: 6/23/11  
MEC: 7/7/11

**CONFIDENTIAL**