

Focused Professional Practice Evaluation

(HOSPITAL-BASED PRACTICE PHYSICIAN)

FPPE Applicant: Specialty: _____

FPPE Reviewer: Relationship to Applicant: _____

ASSESSMENT

I have performed a focused professional practice evaluation on the above-mentioned individual by one or more of the following methods:

Review of at least three medical records BY (Mark one or more):

- Direct observation
- Patient co-management
- Review of quality data

Past / ongoing interactions with applicant at _____ or another facility

RECOMMENDATION

With respect to the applicant's current privileges granted by _____, it is my recommendation:

- All the privileges continue as granted
- Privileges granted, with the following exceptions:

- Privileges currently granted not extended at this time (explanation attached)

Signature of Reviewer: _____ Date: _____

Printed Name of Reviewer: _____

Recommendations offered in this document are not intended to replace the medical judgment and/or discretion of the individual Provider, but are offered as a tool to enhance diagnosis and treatment for optimal patient safety.

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