SOLVERE
Working Relationships

Name *(Last, First)*

Professional Reference Check

I authorize _____from _____
(print name of your reference) (name of facility)
to release information about me for the purpose of providing a professional reference check.

Contractor's Name (print)_____ _____

Contractor's Signature _____

Reference Name: _____ Title/Position: _____

Phone _____ Facility _____

Address of Facility _____
(street, city, state, zip)

>>>>>>>>>>>>>>>>>>>>>>**Independent Contractor: Do Not Complete Below This Line**>>>>>>>>>>>>>>>>>>>>

Contractor's Position _____ Specialty Area _____

Date(s) Services Provided or Employment Date(s)Worked: from _____ to _____

(Please check the appropriate column)	**Exceeds Expectations**	**Meets Expectations**	**Meets Some Expectations**	**Did Not Meet Expectations**
Quality of work/Productivity				
Professionalism/Enthusiasm				
Dependability/Flexibility				
Leadership				
Communication skills				
Attendance/Punctuality				
Technical/documentation skills				
Rapport with co-workers				
Seeking consultation or direction when necessary				
Knowledge and ability to perform specialty				
Evaluation of critical situations				
Awareness of patient's rights				

Would you use or re-hire this contractor again? ___ Yes ___No

What were some strengths the contractor brought to the position? _____

_____

What were some areas that might benefit from improvement or development?_____

_____ _____
Signature Date

Please return this form to: Solvere Fax (888) 777-2067
901 Calle Amanecer, Suite 300 San Clemente, CA 92673

Telephone Reference

The information contained in this reference check is an accurate reflection of the information provided to me by the above named individual.

_____ _____ _____
Name of Interviewer Signature Date