



**CHESAPEAKE**  
MEDICAL STAFFING

## Clinical & Professional Feedback Request

2401 York Road Timonium, MD 21093 Phone (410) 321.4267 Fax (410) 321.4980

Please use the following criteria in providing feedback for the below individual. Your time and comments are very much appreciated by CMS as we strive to maintain the highest standards of practice and comply with TJC Health Care Staffing certification requirements. **This feedback may be returned via fax (410-321-4980) or email (hr@cms24-7.com).**

### **NURSE MANAGER / CLINICAL SUPERVISOR - Please complete the following:**

**EMPLOYEE NAME** (for whom you are providing feedback): \_\_\_\_\_

Date(s) you supervised this employee (mm/yyyy – mm/yyyy): \_\_\_\_\_

Was this employee Agency or Staff?      Agency       Staff

Was this employee Part or Full Time?      Part Time       Full Time

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Facility / Hospital: \_\_\_\_\_ Unit / specific setting: \_\_\_\_\_

Your Work Email: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

<b>Professional Behaviors</b> (if applicable)	<b>Exceeds Standards</b>	<b>Meets Standards</b>	<b>Needs Improvement</b>
Clinical Competence & Judgment			
Flexibility & Adaptability			
Communication			
Time Management			
Utilization of Electronic Medical Records (EMR)			
Attitude & Cooperation			
Attendance & Punctuality			

Is this employee eligible to return to your facility / hospital?      YES  NO  Unable to Comment

Please provide any additional comments about this employee: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nurse Manager / Clinical Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_