

Please use the following criteria in providing professional feedback for the individual named below. Your time and comments are very much appreciated. We strive to maintain the highest standards of HR practice by diligently screening candidates who meet and/or exceed the requirements mandated by The Joint Commission for Health Care Staffing.



Please return this form via fax 443-275-2736  
or email: [hr@ams24-7.com](mailto:hr@ams24-7.com)

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

Evaluator's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Facility/Hospital: \_\_\_\_\_ Unit/Setting: \_\_\_\_\_

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

Name of HCP for whom you are providing feedback: \_\_\_\_\_

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

Was this HCP Agency or Staff?      Agency       Staff

Was this HCP part or full time?      Part Time       Full Time

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

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

Please provide any additional comments about this HCP:

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