



## DREAMTEAM HEALTHCARE SOLUTIONS LLC

5150 Candlewood Street, Lakewood, California, 90712

(800) 560-4686 info@dreamteamhs.com

### CLINICAL EVALUATION

#### Applicant to Complete:

Applicant's Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Unit/Specialty: \_\_\_\_\_

Employer/Hospital: \_\_\_\_\_

Employer/Hospital Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Agency or Travel Assignment? Yes or No Name of Agency: \_\_\_\_\_

#### Supervisor/Manager to Complete:

Supervisor/Manager Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Did you have direct supervision over this applicant? Yes or No

If yes, is he/she eligible for re-hire? Yes or No

Performance	Meet Expectations	Exceeds Expectations	Does Not Meet Expectations
Punctuality			
Attendance			
Teamwork			
Communication			
Professionalism/Appearance			
Clinical Competence/ Judgement			



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### CLINICAL EVALUATION , CONT.

Timely Documentation			
Thorough Documentation			
Peer Interaction			
Interdisciplinary Collaboration/Interaction			

Additional Comments: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_