

**THIS SECTION IS TO BE COMPLETED DURING THE CENEVIA
RECREDENTIALING PROCESS ONLY**

Recredentialing Center Quality Report

Medical Director must complete (If application is for Medical Director, Executive Director may sign)

Have any issues been identified for the listed practitioner in regard to their professional performance, judgment or clinical competence? PLEASE INDICATE WHAT DATA WAS REVIEWED FOR THE CURRENT RECREDENTIALING CYCLE:

1. Patient complaints. ____ No issues identified ____ Yes- issues have been identified- see attached Plan
2. Results of performance improvement activities. ____ No issues identified ____ Yes- issues have been identified- see attached Plan
3. Peer review. ____ No issues identified ____ Yes- issues have been identified- see attached Plan
4. Results of patient satisfaction surveys. ____ No issues identified ____ Yes- issues have been identified- see attached Plan
5. Other indicators. Please describe indicator type: _____

Comments:

Verified by: _____ Title: _____
Print Name

Signature _____ Date _____