

Sample Focused Practitioner Performance Evaluation ED form

Physician name: _____

Specialty: _____

Time frame of report: _____

Privilege(s)	Privilege(s) granted	Method of review	Number of cases to review	Time period of review	Results of review	Comments
Category II Privileges						
Laboratory Study Interpretation						
Radiologic Study prelim. Interpretation						
EKG Initial Interpretation						
Anesthesia — Local						
Anesthesia — IV Sedation						
Fracture Dislocation						
Closed Reduction						
Immobilize/Splint						
Ocular Emergencies						
Tonometry						
Split Lamp						
Foreign Body						
Nasal						
Packing — anterior						
Cautery						
Laryngoscopy						
Direct/Indirect						
Foreign Body						

No Issues Identified — Completed Focus Review

Further review required

Reviewing physician: _____

Date: _____ Print name: _____ MD