



APPLICANT INTERVIEW SUMMARY

Applicant Name: _____

Department: _____

Name of Interviewer: _____

Date: _____

CHECK APPROPRIATE BOX: ☐ Department Interview

☐ Administration Interview

***The following comments are based upon my review of the application and discussion with the applicant:
Attach additional sheet(s) if necessary.***

1. Were there any questions raised from review of CV or application?

2. Competency in privileges requested (Department Head response):

_____ All requests appropriate

_____ *Some requests may not be appropriate (Please comment)

_____ *Not appropriate (Please comment)

*Comments:

3. Please check the appropriate box:

	Excellent	Good	Average	Marginal
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills (Enthusiasm, Attitude, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Explained expectations, credentials process and medical staff policies & procedures. Yes ☐ No ☐

5. Overall Evaluation:

Interviewer Signature: _____ **Date:** _____