

Evaluation – Medical Professional Reviewed

Name:			
Organization:			
	Email:		
On- site review □	On- site review \square Off-site review \square Recredentialing		ialing review □
Did you have an opportunity to correviews) Was this helpful, explain:	□ No □	N/A 🗆	
Were the reviewer(s):			
Organized	Yes □	No □	NA □
Responsive to your needs	Yes □	No □	NA □
Feedback useful	Yes □	No □	NA 🗆
Objective Please explain:	Yes □	No □	NA 🗆
Did the report provide useful reco		Yes □	No □
Overall, did you feel the process was constructive? Explain:		Yes □	No □
Please make any suggestions for reviews:	•	•	sure the success of future

Once this evaluation is completed, please return to:

Maine Medical Association
Attn: Dianna Poulin, Peer Review Coordinator
30 Association Drive P.O. Box 190
Manchester, Me 04351
Fax (207) 622-3332

Revised: August 1, 2012