



# Maine Medical Association External Peer Review Program

## Evaluation – Requestor

Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

On- site review  Off-site review  Recredentialing review

Did you participate in the process? Yes  No   
What was your role? \_\_\_\_\_

Were your expectations met? Yes  No   
Explain: \_\_\_\_\_

Did you receive sufficient guidance/materials? Yes  No   
Explain - could this be improved? \_\_\_\_\_

Were the reviewer(s):

Organized	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Responsive to your needs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Feedback useful	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Objective	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Report provide recommendations	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>

Please explain: \_\_\_\_\_

Was the coordination of this review timely? Yes  No   
Explain: \_\_\_\_\_

Was the cost of the review fair? Yes  No   
Explain: \_\_\_\_\_

Please make any suggestions for improvement which would help ensure the success of future reviews: \_\_\_\_\_

**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

