



# Maine Medical Association External Peer Review Program

## Evaluation – Reviewer(s)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

What type of review were you involved in?

On- site review     Off-site review     Recredentialing review

Did you have an opportunity to communicate with the individual(s) being reviewed? Yes  No

Was this helpful, explain: \_\_\_\_\_  
\_\_\_\_\_

If this was an on-site review, was the requesting organization:

Organized                                      Yes                       No                       NA

Responsive to your needs                      Yes                       No                       NA

Suggestions for improvement: \_\_\_\_\_  
\_\_\_\_\_

If this was an off-site review, did the process go smoothly?

Explain: \_\_\_\_\_  
\_\_\_\_\_

If you were part of a team, how did you function?

Explain and suggestions for improvement: \_\_\_\_\_  
\_\_\_\_\_

Please make any suggestions for improvement which could help ensure the success for future reviewers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you in advance for your input! 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

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