



## INSTRUCTIONS TO COMPLETE THE PEER APPROVAL FORM

This form must be completed in **TRIPLICATE**.

**Date:** Fill in the date of the application.

**To:** The name of the Director, Health Services Planning and Integration should be inputted here if the request is coming from one of the Regional Health Authority (RHA). If the request is from the Ministry of Health and Wellness (MOHW), then this should be the name of the Chief Medical Officer.

**Position:** For digital versions of this form, select the Director, Health Services Planning and Integration for request from the RHA, or the Chief Medical Officer from the drop-down list. For printed copies, fill in either of the above onto the slot.

**From:** Request from the RHA in this section is filled with the name of the Regional Technical Director. For those from the MOHW, this section is filled with the name of the Senior Director of Human Resources, MOHW. If the request is for the Bellevue hospital this should be the Chief Executive Officer's name.

**Position:** For digital filling select the Regional Technical Director or Director of Human Resources from the dropdown list whichever is applicable. For printed versions write out in block capital letters. For Bellevue Hospital this should be the Chief Executive Officer

**Organization:** This should be the Ministry of Health and Wellness for MOHW requests and the specific RHA for other requests. These can be selected from the drop-down list for digital versions or written in for printed versions of the form.

### Narrative section

I am requesting peer approval for \_\_\_\_\_(1)\_\_\_\_\_ who is being \_\_\_\_\_(2)\_\_\_\_\_ to occupy the post with number \_\_\_\_\_(3)\_\_\_\_\_ at the grade of HPC/ MO3 MO4 MO5 MO6 in the speciality of \_\_\_\_\_(4)\_\_\_\_\_ at the \_\_\_\_\_(5)\_\_\_\_\_ Hospital/Health Department/ MOHW

1. Name of the Medical Officer for whom peer approval is being requested.
2. State or select whether the candidate is for recruitment or promotion.
3. The post number that they will occupy after the engagement.
4. State the clinical speciality into which the person is to be engaged. For non-clinical roles, not applicable is a suitable response. **Note:** *The form will not be processed if the clinical speciality is not stated for hospital clinical positions.*
5. State the name of the hospital or the parish in the case of primary care requests or the MOHW for Central Ministry positions.  
Select the check box for the requested grade of the Medical Officer.

**CHECKLIST:** If all documents are attached as per the peer approval checklist, then select this box.

### Signature section of the form:

**Name:** The name of the person who is giving peer approval to the candidate. The person must be at the same level or above. (ie MO3 for MO3).

**Position:** The position of the person giving peer approval, for example, MO4, Spanish Town Hospital.

**Speciality:** Input the name of the speciality in which the signatory practices, this should be in the same speciality as the applicant as much as this is possible. If not in the same facility, then other facilities or from the training institution. If no other specialist in the area is available in the country, then attach a statement why this is not available.

**Signature:** The form must be signed by all persons to be valid



**ENDORSED BY:**

For requests originating in the Regional Health Authorities, this section should be signed by the Senior Medical Officer or the Medical Officer (Health). For Ministry of Health and Wellness, as well as Regional Office, approval requests for this section can remain blank

**REFERRED BY:**

For digitally filled versions, this section will be populated from the information in the first part. However, this is to be the same information as the person requesting the peer approval. The Regional Technical Director or the Senior Director of Human Resources (MOHW)

**APPROVED BY:**

**Name:** The name of the Chief Medical Officer.

**Date:** The date that the CMO signs the application.



Peer Approval Form- Medical Staff

Date: \_\_\_\_\_

To: \_\_\_\_\_

Position: \_\_\_\_\_

From: \_\_\_\_\_

Position: \_\_\_\_\_

Organization: \_\_\_\_\_

I am requesting peer approval for \_\_\_\_\_ who is being \_\_\_\_\_ to occupy the post with number \_\_\_\_\_ at the grade of HPC/\_\_\_\_\_ in the specialty of \_\_\_\_\_ at the \_\_\_\_\_

The associated checklist has been completed and all required documents are attached

If you are in agreement, please sign below:

Name \_\_\_\_\_ Signature \_\_\_\_\_  
Position \_\_\_\_\_  
Specialty \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_  
Position \_\_\_\_\_  
Specialty \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_  
Position \_\_\_\_\_  
Specialty \_\_\_\_\_

Endorsed By

Name \_\_\_\_\_ Signature \_\_\_\_\_  
Position \_\_\_\_\_

Referred By

Name \_\_\_\_\_ Signature \_\_\_\_\_  
Position \_\_\_\_\_  
Organization \_\_\_\_\_

Approved By

Name \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_\_  
Position Chief Medical Officer

It is preferable that person within the same specialty give peer approval, this can be done from the training institution, if this is not possible, please indicate reasons. Make sure form is completely filled out.