



MECHANICAL CIRCULATORY SUPPORT EXPERIENCE
PROFESSIONAL REFERENCE FORM

This section is to be completed by applicant.

Printed name of applicant: _____

I, the undersigned applicant for a Society for Transplant Social Worker credential, attest that the professional reference named:

_____ is knowledgeable about my mechanical circulatory support practice and qualifications for certification. I understand and agree that the reference is providing this evaluation confidentially and has no obligation to reveal its contents to me. I further acknowledge that, by agreeing to supply this evaluation, the reference does not thereby assume responsibility for STSW's decision regarding my application.

Applicant's signature: _____ Date: _____

*When the above section is completed, give the entire form (including this page) to two members of your transplant team for completion. **If possible, one reference should be from a clinical social worker.** Your colleague must scan the completed form and email it to credentialing@stsw.org.*

The remainder of this form must be completed by professional reference.

Dear Colleague:

You have been selected to complete this **confidential** reference form by a social worker applying for a Society for Transplant Social Workers credential. The information that you provide on this form will help establish the applicant's eligibility for this certification. Please complete this form, scan all four pages, and email it to credentialing@stsw.org. Thank you for your contribution to maintaining high professional standards for the social work profession.

Circle the number on the scale below that best describes this social worker's practice. Space is provided for any additional comments you might have.

1. Social worker demonstrates the ability to provide accurate psychosocial assessments and diagnoses of mechanical circulatory support (MCS) recipients.

1	2	3	4	5
minimal ability		average ability		excellent ability

2. Social worker demonstrates the ability to plan and implement effective treatment strategies and interventions for MCS recipients.

1	2	3	4	5
minimal ability		average ability		excellent ability

3. Social worker demonstrates knowledge of the psychosocial impact of disability, illness and end of life issues when counseling patients and families.

1	2	3	4	5
minimal ability		average ability		excellent ability

4. Social worker demonstrates the ability to provide effective crisis intervention techniques with patients and families.

1	2	3	4	5
minimal ability		average ability		excellent ability

5. Social worker demonstrates the ability to promote patient self-sufficiency and self-determination.

1	2	3	4	5
minimal ability		average ability		excellent ability

6. Social worker demonstrates the ability to provide ongoing education and support related to patient wellness and device ongoing care.

1	2	3	4	5
minimal ability		average ability		excellent ability

7. Social worker demonstrates the ability to seek interdisciplinary collaboration and consultation when appropriate.

1	2	3	4	5
minimal ability		average ability		excellent ability

8. Social worker demonstrates the ability to work as an effective member of a multidisciplinary team.
- | | | | | |
|-----------------|---|-----------------|---|-------------------|
| 1 | 2 | 3 | 4 | 5 |
| minimal ability | | average ability | | excellent ability |
9. Social worker demonstrates proficiency in all requisite skills and expertise essential for MCS social workers in this practice setting.
- | | | | | |
|-----------------|---|-----------------|---|-------------------|
| 1 | 2 | 3 | 4 | 5 |
| minimal ability | | average ability | | excellent ability |
10. Social worker demonstrates the ability to initiate program and resource development on behalf of patients and families.
- | | | | | |
|-----------------|---|-----------------|---|-------------------|
| 1 | 2 | 3 | 4 | 5 |
| minimal ability | | average ability | | excellent ability |
11. Social worker demonstrates the ability to advocate for patients and families.
- | | | | | |
|-----------------|---|-----------------|---|-------------------|
| 1 | 2 | 3 | 4 | 5 |
| minimal ability | | average ability | | excellent ability |
12. Social worker demonstrates the ability to establish and maintain appropriate boundaries with patients and families.
- | | | | | |
|-----------------|---|-----------------|---|-------------------|
| 1 | 2 | 3 | 4 | 5 |
| minimal ability | | average ability | | excellent ability |
13. Social worker demonstrates the ability to adhere to the highest standards of confidentiality and respect for patient's privacy rights.
- | | | | | |
|-----------------|---|-----------------|---|-------------------|
| 1 | 2 | 3 | 4 | 5 |
| minimal ability | | average ability | | excellent ability |
14. Social worker demonstrates the ability to avoid all actual or potential conflicts of interest.
- | | | | | |
|-----------------|---|-----------------|---|-------------------|
| 1 | 2 | 3 | 4 | 5 |
| minimal ability | | average ability | | excellent ability |
15. Social worker demonstrates the ability to maintain an ethical and professional practice.
- | | | | | |
|-----------------|---|-----------------|---|-------------------|
| 1 | 2 | 3 | 4 | 5 |
| minimal ability | | average ability | | excellent ability |
16. Social worker demonstrates a commitment to engage in a cultural-, gender-, age- and faith-sensitive practice.
- | | | | | |
|-----------------|---|-----------------|---|-------------------|
| 1 | 2 | 3 | 4 | 5 |
| minimal ability | | average ability | | excellent ability |
17. Social worker demonstrates commitment to continuing professional education and development.
- | | | | | |
|-----------------|---|-----------------|---|-------------------|
| 1 | 2 | 3 | 4 | 5 |
| minimal ability | | average ability | | excellent ability |

Any comments, examples of social work skills or additional information you would like to provide will be considered.

Reference signature: _____

INFORMATION ABOUT REFERENCE

Name: _____

Address: _____

Daytime phone number, including country code: _____

E-mail address: _____

Your current position/title: _____

How long have you known the applicant? _____

Have you worked in the same setting as the applicant? _____

If not, in what capacity or professional relationship do you know the applicant? _____

Please DO NOT return this completed form to the applicant. Instead, please scan it and email it to credentialing@stsw.org. Thank you!