



**Primary Care Practitioner Loan Redemption Program of New Jersey (LRP)  
Annual Provider Evaluation**

<b>Provider Name:</b>
<b>Contract Year of Service on LRP:</b>

**Please indicate the performance strengths and/or weaknesses of this provider during this coverage period.**

Ratings:	Exceeds Expectations	Meets Expectations	Below Expectations
Committed to providing primary care services to patients in underserved communities.			
Demonstrates expected skills of a first year provider.			
Takes the initiative to offer assistance in other areas, as needed.			

**Productivity requires \_\_\_\_\_ providers to provide \_\_\_\_\_ patient encounters annually.**

**From your perspective, did \_\_\_\_\_ meet LRP productivity standards?**

Exceeded Standards	Met Standards	Below Standards

**If below LRP productivity standards, what factors may have contributed to the provider's inability to meet standards?**

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**Based on a discussion during this evaluation period, complete this section:**

Ratings:	Very Satisfied	Somewhat Satisfied	Dissatisfied
Is the provider satisfied with placement at this site?			
Does the placement of this provider appear to be a good fit for the site, staff and patients?			
Is the provider satisfied with patient volume and level of responsibilities at site?			
If known, is this provider interested in placement at this site beyond LRP service obligation?			

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Please return form to: New Jersey Higher Education Student Assistance Authority  
4 Quakerbridge Plaza  
P.O. Box 544  
Trenton, NJ 08625-0544**