Candidate Evaluation Form

Candidate Name		Interviewer	
Position Title	*Utilization Review Nurse*	Interview Date	
Desired Salary		Interview Start Time	
Available Start Date		Interview End Time	

Rating Scale Responses	Interviewer Recommendation
1. No answer 2. Does not meet expectations 3. Meets expectations 4. Exceeds expectations 5. Outstanding Total Score: _____	☐ Hire ☐ Needs additional interview ☐ Possible fit for different position ☐ Do not hire but keep on file ☐ Do not hire Comments:

Questions	Rating	Notes
How has your clinical background prepared you for a role in UR?		
What experience do you have working with insurance providers?		
Can you walk me through a typical day working as a utilization review nurse?		

What evidence-based criteria or tools do you use to support your utilization reviews?		
Which steps would you take to follow-up on a payment denial?		
Tell me how you would respond if a physician (or peer) disagreed with your assessment of medical necessity?		
How do you stay up to date on the latest regulatory requirements and billing standards?		
Additional Questions:		