



**Nurse Medical Assistant**  
Dependent Allied Health Professionals

**Applicant's Name:**

**Instructions:**

1. Sign/Date form and submit with required documentation
2. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving doubts related to qualification of requested privileges.

**NOTE:**

Privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Required Qualifications	
<b>Criteria</b>	Each Medical Assistant must be an employee of and/or under the supervision of physician(s) who are presently appointed to the Medical Staff in accordance with the Allied Health Professional requirements of the Credentials Manual. When a physician(s) employs a Medical Assistant, the scope of practice relating to the Medical Assistant can be granted only to the supervising medical staff member(s).
<b>Qualifications</b>	Possess a current and valid license under the State of Ohio to practice nursing as a RN or LPN Fulfill the requirements and qualifications applicable to an AHP as outlined in the AHP Credentials Policy Manual Employed by the supervising physician
<b>Definition of a Scribe</b>	CMS guidelines state that an individual acting as a scribe in writing should note "written by XXX, acting as a scribe for Dr. ZZZ." The scribe is functioning as a "living recorder," recording in real time the exact words of the physician as they are dictated to the scribe. Medicare pays for medically necessary and reasonable services and expects the person receiving payment to be the one delivering services. According to a Medicare carrier, a nurse may record as a physician dictates and performs the history of present illness, physical, etc. In such case, the doctor must review the information as documented, recorded or scribed and write a notation that she/he reviewed it for accuracy, did perform it, adding to it if necessary and date, time and sign his/her

name.

## Nurse Medical Assistant

Request						<i>Request all privileges listed below.</i>	
KHHM	KHDO	KHGM	KHMC	SOIN	KHMB	KHTR	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
							- Currently granted privileges
							Nurse Medical Assistant Privileges - Duties: Take medical histories; Scribe information dictated by physician; Record vital signs and collate clinical data into beginnings of a progress note; Assist the physician during examinations; Patient education for treatments, procedures, medications and diets; Remove sutures; Change dressings; Facilitate discharge instructions; Dictate discharge summaries, H & Ps, and consultations from written materials; Other duties requested shall be submitted in writing for approval in accordance with the Credentials Manual

## Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at a Kettering Health hospital and I understand that:

- A. In exercising any clinical privileges granted, I am constrained by applicable Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.
- C. I hereby apply for the above duties and attest to my competency to perform same.

Practitioner's Signature \_\_\_\_\_

Date \_\_\_\_\_

## Clinical Service Chair Recommendation - Privileges

I have reviewed and attest to the competence of the above individual and agree to supervise his/her clinical duties.

<input type="checkbox"/>	Recommend all requested privileges
<input type="checkbox"/>	Do not recommend any of the requested privileges
<input type="checkbox"/>	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Clinical Service Chair Recommendation - Additional Comments

Clinical Service Chair Signature

Date