Audiologist Kettering Health

Delineation of Privileges

Applicant's Name:

Instructions:

1. Click the **Request** checkbox to request a group of privileges.
2. **Uncheck** any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and Submit with required documentation
5. 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	
Membership	Each Audiologist 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 Article X of the Credentials Manual of the Medical Staff. **AND** When a physician(s) employs an Audiologist, the scope of practice relating to the Audiologist can be granted only to the supervising medical staff member(s).
Education/Training	Master's degree or AuD from an accredited university or professional school **AND** Must have successfully completed a nine-month to one-year postgraduate clinical practicum experience in an accredited educational institution or its cooperating programs
Certification	Current OH State License **AND** Current certification (CCC-A) from the American Speech-Language Hearing Association

Primary Privileges Audiologist

Request				*Request all privileges listed below.*
GRN	KMC	SOIN	SYC	Click **shaded blue check box** to Request all privileges. Uncheck any privileges you do not want to request.
☐	☐	☐	☐	☐ **- Currently granted privileges**
☐	☐	☐	☐	Act as a member of an implant team (specializing in cochlear implants, middle ear implantable hearing aids, fully implantable hearing aids, bone-anchored hearing aids, and all other amplification/signal processing devices) that determines candidacy based on hearing and communication information
☐	☐	☐	☐	Assess and treat patients with tinnitus using techniques such as biofeedback, masking, hearing aids, education, and counseling
☐	☐	☐	☐	Evaluate and fit patients for amplification and assistive listening devices
☐	☐	☐	☐	Perform a variety of tests, including otoscopic examinations, to assess and diagnose dysfunction in hearing, auditory function, vestibular balance, and to diagnose related disorders
☐	☐	☐	☐	Present treatment options for dysfunction in hearing, auditory function, vestibular balance, and related disorders
☐	☐	☐	☐	Provide audiologic treatment services (e.g., clinical treatment, home intervention, family support, and case management) for infants and children
☐	☐	☐	☐	Provide patients with counseling and training regarding the use of amplification and assistive listening devices
☐	☐	☐	☐	Provide pre- and postimplant assessment, counseling, and all aspects of audiologic treatment, including auditory training, rehabilitation, implant programming, and maintenance of implant hardware and software
☐	☐	☐	☐	Referral of patients to physicians when hearing problem needs surgical or medical attention

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(s) 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.

Practitioner's Signature _____ Date _____

Clinical Service Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

☐	Recommend all requested privileges
☐	Do not recommend any of the requested privileges
☐	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 _____

Submit