



Genetics Counselor 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.

Other Requirements

Membership

This document is focused on defining the 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.

AND

Each specialty and/or supervising/collaborating physician is responsible for submitting a list of privileges, which are not otherwise identified in this document, and that are within the supervising physician's normal course and scope of practice. This specific list will be approved by the Allied Health Professionals Council, the Credentials Committee and the Medical Executive Committee. An approved list will then be included in each genetic counselor's application. If special duties, not included on the list, are requested they must be approved by the above committees.

AND

The privileges of a licensed genetic counselor may be terminated at the direction of the clinical service chief in which the supervising/collaborating physician is a member or the Chief of Staff at any time for just and due cause. The supervising physician may appeal this termination to the Medical Executive Committee or a committee especially dedicated for this purpose. Privileges are voluntarily resigned upon leaving the employment of the supervising/collaborating physician(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

Core Procedure List for Genetics Counselor

Description: Dependent Allied Health Professional

Request				<i>Request all privileges listed below.</i>
KHDO	KHMC	SION	KHMB	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
				- Currently granted privileges
				Discuss the features, natural history, means of diagnosis, genetic and environmental factors, and management of risk for genetic or medical conditions and diseases.
				Explain to a patient and the patient's family the clinical implications of the results of genetic laboratory tests and other diagnostic tests.
				Evaluate the response of a patient or the patient's family members to one or more genetic conditions or the risk of reoccurrence and provide patient-centered counseling and guidance.
				Identify and use community resources that provide medical, educational, financial, and psychosocial support and advocacy.
				Identify, order and coordinate genetic laboratory tests and other diagnostic studies as appropriate for genetic assessment.
				Integrate the results of genetic laboratory tests and other diagnostic tests with individual and family medical histories.
				Obtain and evaluate the medical history of the patient and family to determine risk for genetic or medical conditions and diseases for the patient, offspring, or family members.
				Provide medical, genetic, and counseling information to patients, their families, and other health care professionals.

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