



Surgical Assistant (Not Acting as First 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

Duties

- Help to collect and open supplies/instruments
- Assist in transferring patient to and from OR bed
- Assist in positioning of patient
- Assist with procedure by retracting tissue, keeping surgical site dry, and holding instruments (under the direct supervision of a physician)
- Assist with the transfer of the patient to PACU

Surgical Assistant (Not Acting as First Assistant)

Request							<i>Request all privileges listed below.</i>
KHHM	KHDO	KHGM	KHMC	SOIN	KHMB	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
							- Currently granted privileges
							Surgical Assistant (Not Acting as First Assistant) (Select one please)
							Registered Nurse in the State of Ohio, with OR experience
							Surgical Technician
							Privately trained with documented proof of three (3) months experience in an Operating Room or office/clinic setting for a particular surgical procedure(s), such as, Ophthalmology, Dental/Oral, etc.

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