



## Limited Specialty Surgical Scrub/Assistant KHDO 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. Applicant 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>Membership</b>	Fulfill the requirements and qualifications applicable to an AHP as outlined in the Credentials Manual.
<b>Education/Training</b>	Will have documented proof of three (3) months experience in an operating room or an office/clinic setting for a particular surgical procedure, such as, ophthalmology, dental/oral, etc. Will have documented evidence of specialized training and appropriate certification in the requested specialty.
<b>Supervision by Physician</b>	<p>Must work under the direct supervision of the surgeon who is a member of the Professional Staff with privileges to perform the underlying procedure.</p> <p style="text-align: center;"><b>AND</b></p> <p>Can only function in the approved specialty.</p> <p style="text-align: center;"><b>AND</b></p> <p>Must be employed by the supervising physician.</p>

**Primary Privileges Limited Specialty Surgical Scrub/Assistant**

Request	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request</i>	Department/Section Chair	Credentials Committee Chair
	Assist with blepharoplasty surgeries.		
	Assist with cataract surgeries.		
	Assist with ptosis and ptergium surgeries and facilitate proper flow in the operating room.		
	Cleaning instruments with the autoclave.		
	Handling of tissue.		
	Load all types of lenses.		
	Maintaining proper sterile field.		
	Provide visual access for the surgeon by retracting tissue, keeping the surgical site dry, and holding or passing the instruments as needed by the surgeon.		
	Using instruments.		

**Acknowledgment of Applicant**

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I am entitled to perform and that I wish to exercise at Kettering Health Dayton/Kettering Health Washington Township and I understand that:

A. In exercising any clinical privileges granted, I am constrained by 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

**Department/Section 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

Department/Section Chair Recommendation - Additional Comments

\_\_\_\_\_  
Signature of Chair/Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair, Credentials Committee

\_\_\_\_\_  
Date