

HOLY CROSS HOSPITAL
PRIVILEGE REQUEST FORM

REGISTERED NURSE FIRST ASSISTANT

In order to be eligible to request clinical privileges for RN first assisting, a practitioner must meet the following minimum threshold criteria:

BASIC EDUCATION: RN

MINIMUM FORMAL TRAINING: The applicant must demonstrate successful completion of a one-year RNFA program that is equivalent to one year of formal, academic post-basic nursing study that gives college credit, and is approved by the appropriate regional accrediting body for higher education.

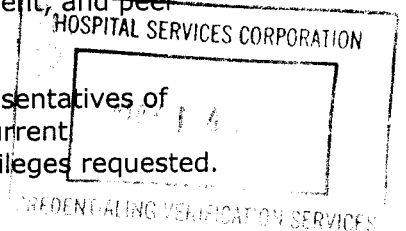
REQUIRED PREVIOUS EXPERIENCE: The applicant must have:

- Certification in CPR or BCLS (basic cardiac life support), and CNOR;
- A minimum of two years of recent perioperative nursing experience;
- A demonstrated competence in perioperative nursing practice as both a scrub and circulating nurse; and,
- A demonstrated competence in intraoperative nursing behavior, such as:
 - Handling tissue;
 - Providing exposure;
 - Using instruments;
 - Suturing; and,
 - Providing hemostasis.

REFERENCES: Letters of reference must come from both a primary surgeon and a CNOR (certification in operating room nursing) colleague.

IN REQUESTING PRIVILEGES, I HEREBY:

1. State that I have read the Medical Staff Bylaws and Rules and Regulations, and agree to abide by them;
2. Understand the criteria and supervision requirements for practice in each service and modality for which privileges are requested;
3. Acknowledge that I meet the criteria for the privileges requested. I understand I am responsible for providing information necessary to verify that I meet all applicable criteria, and that the burden of proof is my responsibility;
4. Confirm that I have completed the appropriate application form for appointment to the Medical Staff;
5. Agree to adhere to the ethics and principles of my profession and participate and respond to the results of the Medical Center's Performance Improvement, and peer review systems; and,
6. State that I have signed a release of liability statement allowing representatives of Holy Cross Hospital to request or release information regarding my current competency, past professional affiliations, and credentials for the privileges requested.



Applicant's Signature: _____

Print Name: _____ Date: _____