

**CARLSBAD MEDICAL CENTER
APPLICATION FOR CLINICAL PRIVILEGES
DEPARTMENT OF SURGERY:
SURGICAL ASSISTANTS, OPERATING ROOM/SURGICAL TECHNICIANS**

NAME: _____ DATE: _____

A Surgical Assistant or Operating Room/Surgical Technician may receive privileges to perform the following professional services at the Hospital under the direct supervision of a Medical Staff Member.

Life threatening emergency: At the time of a clinical emergency, any practitioner may render whatever care he/she believes to be indicated.

QUALIFICATIONS:

1. Certificate from a training program, or
2. be able to demonstrate technical training and competence in surgical assisting or as an operating room/surgical technician.

Requested	Granted	Privileges
		Under the direct supervision of the Supervising Physician:
		Assist in patient transfer from gurney to table
		Prepare the operating room for surgery and maintain sterile field and aseptic environment during and after surgery.
		Scrub for operative procedures and provide the surgeon with instruments necessary for the procedure.
		Apply pressure
		Suction the wound area
		Cut sutures
		Provide retraction for adequate exposure by hand or with instrumentation
		Clamp tissues for non-hemostatic purposes
		Apply bovie power to instrumentation held by the surgeon when the surgeon is unable to do so.
		Keep track of needles, sponges, and other instruments during surgery
		Place skin staples and tie skin sutures
		Other:
		Wrap and sterilize instruments
		Monitor electrical and other safety hazards in the operating room
		Assist in cleaning up the operating room following surgery
		Other Procedures--List

I certify that I have had the necessary training and experience to perform the procedures I have requested.

Applicant's Signature

Date

Carlsbad Medical Center – Request for Privileges – Surgical Assistant, Operating Room /Surgical Technician
Name of Applicant: _____

My signature as the supervising physician expresses my belief that the above mentioned AHP is competent to perform the requested procedures.

Supervising Physician

Date

APPROVALS

All privileges delineated have been individually considered and have been recommended based upon the Practitioner's specific training, experience, health status, and current competence and peer recommendations.

APPLICANT MAY PERFORM PRIVILEGES AND PROCEDURES AS INDICATED.

EXCEPTIONS/LIMITATIONS:

Please specific: _____

Surgery Department Chair

Date

Medical Executive Committee

Date

Board of Trustees

Date



AUTHORIZATION FOR BACKGROUND CHECK

By signing below, I grant permission to the Hospital, its medical staff and representatives ("Hospital") to obtain an investigative report, to include state and federal criminal records and driving arrest records, for purposes of processing my medical staff application. I understand that I may request the Hospital to disclose the nature and scope of the investigation requested within five (5) days of my written request made within a reasonable time after the Hospital obtains the information. I also understand that I am entitled to request a summary of my rights with respect to consumer reporting agencies.

Print Name

Signature

Date