

CHRISTUS CABRINI SURGERY CENTER

REQUEST AND APPROVAL OF PRIVILEGES – Scrub Technician

Applicants Name: _____

Date: _____

Procedure	Legend				
	R=Requested	NR=Not Requested	TA = Temporary Privileges	A=Approved	D=Denied
	R	NR	TA	A	D
Assist employing physician with diagnostic procedures.					
Gather chart data for communicating with responsible physician.					
Care of minor wounds and dressing applications/changes.					
Correlate care of patients with other physicians and areas of the facility as specifically directed by the physician.					
Assist on surgical procedure:					
Suctioning					
Holding and cutting of sutures					
Holding retractors					
Assist with positioning of patients					
Application of dressings					
Removal of drain					
Other requested procedures as ordered by the physician within the scope of practice for a scrub technician.					
Other:					

PHYSICIAN'S APPROVAL

I have reviewed the privileges requested by my employee. I understand that I am totally responsible for the performance of all activities of this applicant at the Facility while functioning under my direct supervision. I certify that this individual has liability coverage in the minimum amount required for privileges.

Signature: _____ Date: _____

Applicant's Signature

Date: _____

Medical Director Approval of Temporary Privileges

 Yes No Date: _____

Administrator's Approval of Temporary Privileges

 Yes No Date: _____

Credentialing Committee Approval of Privileges

 Yes No Date: _____

Governing Board Approval of Privileges

 Yes No Date: _____

Category of Staff

Temporary
Date: _____

Provisional
Date: _____

Courtesy
Date: _____

Active
Date: _____

Emergent
Date: _____