Eaton Rapids Medical Center

ALLIED HEALTH PROFESSIONAL COMPETENCY CHECKLIST

PLEASE PRINT/TYPE: Start Date: _____

Applicant's Name: _____

Mailing Address: _____

Position/Job Description: _____ Service Authority Requested: _____

Sponsor/Employer: _____

Sponsor's Company Name (if applicable): _____

In accordance with Policy – *Allied Health Professional Competency*, AHPs must complete an Allied Health Professional Competency Checklist prior to providing patient care, treatment or services at Eaton Rapids Medical Center. Items checked below are required:

- ☐ National Practitioner Data Bank query: Date enrolled: _____
- ☐ Specified Service Authority Request Form (signed by the AHP and sponsor/employer)
- ☐ Job Description (signed by the AHP and sponsor/employer)
- ☐ State of Michigan License(s) (If applicable)
- ☐ Certification (If applicable)
- ☐ Copy of medical education certificate(s)
- ☐ Evidence of Insurance Coverage
- ☐ ERMC Photo ID for identification purposes.
- ☐ Copy of Driver's License
- ☐ Current TB test
- ☐ Signed Corporate Compliance Confidentiality Agreement
- ☐ Signed Practitioner Orientation Checklist (If applicable)
- ☐ Signed Conflict of Interest statement
- ☐ Signed Medical Staff Bylaws/Rules statement
- ☐ Signed Behavior Standards
- ☐ Signed Restraint Acknowledgement
- ☐ Signed THIS Competency Checklist (signed by the AHP and sponsor/employer)

By signing below, we both agree to abide by the hospital's Medical Staff Bylaws & Rules and policies and procedures at all times while providing patient care, treatment, or services at Eaton Rapids Medical Center. The sponsoring physician named acknowledges that the Dependent AHP is competent and will provide patient care under their direct supervision.

_____ _____

AHP Signature Date

_____ _____

Sponsor/Employer Signature Date

APPROVED BY

Chief of Staff: _____ Date: _____

Board Chairperson: _____ Date: _____

Eaton Rapids Medical Center
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