



ALLIED HEALTH PROFESSIONAL SERVICE AUTHORITY REQUEST FORM

PLEASE PRINT OR TYPE

Allied Health Professional's Name: _____

Sponsoring Physician's Name: _____

In accordance with the Medical Staff Bylaws - Competency Policy of the Allied Health Professionals of Eaton Rapids Medical Center, the services of certain Allied Health Professionals (AHPs) may be made available for patient care, treatment or services as a AHP within the limits of their skills and the scope of their lawful practice. AHPs practicing in fields requiring license or registration under the Michigan Public Health Code, must provide evidence of such license or registration to ERM. AHPs whose license or registration is not applicable under the Michigan Public Health Code, must provide satisfactory proof of basic objective qualifications within their respective field of specialization.

AHP means any AHP who is: employed by a Member or a practice entity of Members not licensed to practice independent of the supervision of another health professional; will practice, if at all, in the hospital only under the supervision of a sponsoring physician and is eligible only for specified service authority through a job description.

Privileges or Specified Service Authority is defined as the authorization of an AHP to perform specific types of services under the supervision of a Member granted in functionally the same way as privileges granted to a Member. The following specified service authority is being requested in the specialty of (Select only one):

- checkbox Anesthesia, Cardiology, Emergency Medicine, Family Medicine, Internal Medicine, OB/Gynecology, Orthopedics, Pathology, Pediatrics, Psychology, Radiology, Surgery, Wound

For those categories of AHPs for whom a privileges or Service Authority list has been developed, an applicant will be asked to indicate which privileges or Service Authority from that list (s)he wishes. If the applicant wishes privileges or Service Authority not on the list, the applicant's request will be considered individually by the MEC. For those categories for whom a privilege or Service Authority list has not been developed, the applicant will be asked to indicate, in detail, what he/she wishes to do as part of their duties in the hospital and that list will be considered in the delineation of privileges or Service Authority, and acceptable privileges or Service Authority granted provisionally, when the appointment determination is made.

Ineligibility for Medical Staff Membership for AHPs as AHPs are not members and shall not be eligible to vote or hold office in the Medical Staff organization nor shall they be entitled to the procedural rights of the Medical Staff Bylaws.

Monitoring AHPs will not be required unless the MEC specifies a monitoring process, monitoring of AHPs will be conducted solely through the AHP's sponsoring physician.

Service Authority and Privileges tie to Sponsoring Physicians consistent with the Medical Staff Bylaws, in the event am AHP is no longer employed by or under contract to his/her sponsoring physician or the sponsoring physician no longer holds privileges in the hospital which would permit supervision of the AHP, all Service Authority of the AHP shall cease. Further activity by the Dependent AHP in the hospital, thereafter, shall be conditioned upon the AHP arranging another Member to be approved as their sponsoring physician.

AHP Competency Process will be conducted in accordance with Policy – Allied Health Professional Competency. Recognized Types of AHPs are as follows (Select only one):

- checkbox Medical Social Workers, Surgical Techs, Surgical Assistants, Certified Surgical Techs, Medical Assistants, Audiologists, Mobile Echo/Vascular Tech, Registered Nurses, Licensed Practical Nurse, Other (Please specify): _____

By signing below, the AHP attests to be competent and qualified to provide patient care, treatment and services in the specified service authority requested and the sponsoring physician agrees to be responsible for the actions of the AHP during the affiliation with ERM.

AHP Signature _____ Date _____

Sponsoring Physician Signature _____ Date _____