

FMH NON-STAFF PREOP HISTORY & PHYSICAL PRIVILEGES

Name: _____ Effective for two years from / /

To be eligible to apply for privileges to write preoperative history & physicals, the applicant must meet the following criteria:

- For MD's and DO's: A current valid license to practice medicine in one of the United States.
- For PA's and CRNP's: a current valid license to practice in one of the United States, with an appropriate scope of practice.

Other Requirements:

- The applicant must adhere to any additional organizational, regulatory, or accreditation requirements that FMH and its Perioperative Services Department are obligated to meet.
- The submitted H&P's must conform to the minimum requirements outlined in the Medical Staff Bylaws and Medical Staff Rules & Regulations.
- Applicants have the burden of producing information deemed adequate by FMH for a proper evaluation of current competence and for resolving any doubts related to qualifications for these privileges.

Acknowledgement of Practitioner (please initial each line)

_____ I request preoperative H&P privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and which I wish to exercise for patients being served at the Frederick Memorial Hospital Operating Suite.

_____ I understand that in exercising these clinical privileges, I am constrained by FMH policies and rules applicable generally and any policies applicable to the particular situation.

_____ I am enclosing a copy of my current medical license in one of the United States.

Signed: _____ Date: _____

Medicine Department Chair Recommendation

I have reviewed the supporting documentation for the above-named applicant and recommend that he/she be granted privileges to perform preoperative H&P's at FMH.

Medical Director Signature: _____ Date: _____

***** For Medical Staff Office Use Only *****

Credentials Committee Action: _____ Date: _____

Medical Executive Committee Action: _____ Date: _____

Board Quality Committee Action: _____ Date: _____