



Application for Privileges

SURGICAL ASSIST

Name

By my signature below I certify that my malpractice insurance will cover, to the dollar limits required by the Medical Staff Bylaws, my exercise of the above requested privileges.

Signature of Requesting Physician

Date

APPROVALS:

Signature: Department Chairman / Vice Chairman

Date

Date: _____
Medical Executive Committee I

Date _____
Board of Directors I

CRITERIA FOR GRANTING PRIVILEGES

SURGICAL ASSIST

1. All new applicants for surgical privileges as members in the Department of Surgery shall be reviewed with respect to the performance of their clinical abilities. All new applicants shall be considered only if they are **certified or an active candidate as recognized by the American Board of Medical Specialties, the American Osteopathic Board, or the Royal College of Surgeons (Canada)**.

Exceptions may be granted for an applicant whose privileges are limited to surgical assist only.

2. Staff members within the Department of Surgery requesting an increase in, or wider scope of surgical privileges, must do so in writing to the Committee stating and including documentation of additional training or experience which shall justify such privileges as required by established criteria.

OBSERVATION REQUIREMENTS – North Mountain

1. The practice of concurrent observation and/or retrospective review of newly appointed members of the Department of Surgery has been eliminated.
2. Observation/retrospective review may be required if determined necessary for new procedures under development.
3. The Department of Surgery reserves the right to require concurrent observation or retrospective review if circumstances warrant such action.