[ ] Initial appointment
[ ] Reappointment

INSTRUCTIONS

All new applicants must meet the following requirements as approved by the UNM SRMC Board of Directors effective: 12/06/213

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications, and for resolving any doubts related to qualifications for requested privileges.

Clinical Service Chief: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other requirements:

Note that privileges granted may be exercised only at UNM SRMC and in setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
To be eligible to apply for core privileges in Surgical First Assist, the initial applicant must meet the following criteria:

Completed an accredited RN, LPN or Surgical Tech Program.
OR
Equivalent training
OR
A letter from the requesting provider indicating competence
AND
Current certification through the American Association of Surgical Technologists.
OR
Evidence of comparable certification
OR
Evidence from your sponsor clearly outlining surgical training.

Notwithstanding the foregoing, applicants for clinical privileges may seek an exception to this Board Certification requirement under Section 2.004 of the Bylaws of the Medical Staff of UNM Sandoval Regional Medical Center (the "Medical Staff Bylaws") and may be granted clinical privileges if such applicant is determined, in accordance with Section 2.004 of the Medical Staff Bylaws, to have qualified for one or more of these exceptions.

Required previous experience: Applicants for initial appointment must be able to demonstrate the services, reflective of the scope of privileges requested, in a hospital setting within the past 12 months.

Reappointment requirements: To be eligible to renew core privileges Surgical First Assist, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (inpatient, outpatient, or consultative services) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on the results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges

☐ Requested
CORE PROCEDURES LIST

This list is a sampling of procedures included in the core. It is not intended to be an all-encompassing list, but rather is reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those you do not wish to request, then initial and date.

Core Procedures of First Assist

1. Sponge
2. Retract
3. Suction
4. Cauterize
5. Cut suture
6. Suture skin and subcutaneous tissue
7. Handle hemostats on tissue
8. Tie suture
9. Apply surgical dressing
Acknowledgement of practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at UNM SRMC, and I understand that:

a. In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed ___________________________ Date __________

SPONSORING PHYSICIAN STATEMENT

I support the application of the above named individual for the services requested and agree to all of the terms, Conditions and obligations associated with my supervising/sponsoring of the said individual as specified in the Policy and rules of UNM, Sandoval Regional Medical Center to which the applicant is applying.

Signed ___________________________ Date __________

Clinical Service Chief’s Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

[ ] Recommend all requested privileges.

[ ] Recommend privileges with the following conditions/modifications:

[ ] Do not recommend the following requested privileges:

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<tr>
<th>Privilege</th>
<th>Condition/Modification/Explanation</th>
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Notes

____________________________________________________________________________________________
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Clinical Service Chief Signature ___________________________ DATE __________