Name:
Effective Dates: ___________ To: ___________

- Initial privileges (initial appointment)
- Renewal of privileges (reappointment)
- Expansion of privileges (modification)

INSTRUCTIONS

All new applicants must meet the following requirements as approved by the UNM SRMC Board of Directors effective June 2017:

Applicant:
Check off the “Requested” box for each scope of practice requested. New applicants may be requested to provide documentation of the number and types of hospital cases during the past 24 months. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

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.
To be eligible to apply for specified services as an Audiologist, the applicant must meet the following criteria:

Current demonstrated competence and an adequate level of current experience documenting the ability to provide services at an acceptable level of quality and efficiency.

AND

Successful completion of an accredited college or university educational program plus a master's degree or audiology degree (AuD).

AND

Must have successfully completed a nine-month to one-year postgraduate clinical practicum experience in an accredited educational institution or its cooperating programs.

AND

Current active licensure to practice audiology issued by the State of New Mexico.

AND

Current Certification (CCC-A) from the American Speech-Language Hearing Association.

AND

Professional liability insurance coverage issued by a recognized company and of a type and amount equal to or greater than the limits established by the Governing Board.

**Reappointment requirements**: To be eligible to renew core privileges in Audiology, the applicant must meet the following maintenance of privilege criteria:
Current demonstrated competence and an adequate volume of experience in Audiology with acceptable results, reflective of the scope of privileges requested based on ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges, and the renewal of privileges must be approved by the Clinical Service Chief.
Effective Dates: __________ To: __________

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.

AUDIOLOGIST CORE I PRIVILEGES

Assessment, diagnosis, and treatment to patients with impairment of auditory and vestibular function and the prevention of impairments associated with them, including but not limited to:

AUDIOLOGIST SCOPE OF PRACTICE CORE I

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

1. Administer audiometric diagnostic procedures
2. Counsel patients on aural rehabilitation and assistive listening devices
3. Develop appropriate recommendation
4. Evaluate and determine casual factors for hearing impairments
5. Evaluate central auditory function
6. Fit hearing aid and assistive listening devices
7. Administer emittance audiometry including reflex thresholds and decay
8. Maintain and conduct annual calibration of all diagnostic equipment
9. Administer rotation tests
10. Perform audiological evaluation by:
   11. Air conduction and bone conduction thresholds
   12. Speech reception thresholds
   13. Word recognition testing
   14. Masking

☐ Requested
To be eligible to apply for Core II specified services as an Audiologist, the applicant must meet the following criteria:

Applicant must satisfy the qualification requirements for audiologist(CoreI).

AND

Documented training and experience in the specified services requested and demonstrated current competence.

AUDIOLOGIST SCOPE OF PRACTICE - CORE II

Adolescent and Adult Patients except as specifically excluded from practice:
To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date.

1. Auditory brain stem response
2. Oto acoustic emission test
3. Intraoperative
4. 7th and 8th cranial nerve function testing
5. Electrocochleography

☐ Requested

Special Non-Core Services/Procedures (See Specific Criteria)

If desired, non-core services/procedures are requested individually in addition to requesting the core. Each individual requesting non-core services/procedures must meet the specific threshold criteria governing the exercise of the service/procedure requested including training, required previous experience, and for maintenance of clinical competence.
UNM SRMC
AUDIOLOGY PRIVILEGES

Name: ______________________
Effective Dates: _____________ To: _____________

Qualifications for Thermal Test of Vestibular Function (Special Non-Core)

Criteria: Successful completion of an approved recognized course when such exists, or acceptable supervised training or other acceptable experience in evaluation of vestibular system and demonstrated current competence.

Required Previous Experience: Demonstrated current competence and the evidence of the performance of at least [n] procedures in the past 12 months.

Continuation of Scope of Practice: Demonstrated current competence and evidence of the performance of at least [n] procedures in the past 24 months based on results of quality assessment/improvement activities and outcomes.

Thermal Test of Vestibular Function

☐ Requested

Qualifications for Rotation Tests (Special Non-Core)

Criteria: Successful completion of an approved recognized course when such exists, or acceptable supervised training in conducting rotation tests.

Required Previous Experience: Demonstrated current competence and evidence of the performance of at least [n] procedures in the past 12 months.

Continuation of Scope of Practice: Demonstrated current competence and evidence of the performance of at least [n] procedures in the past 24 months based on results of quality assessment/improvement activities and outcomes.

Rotation Tests

☐ Requested

Qualifications for Tinnitus Retraining Therapy (Special Non-Core)
Name: 
Effective Dates: ___________ To: ___________

Criteria: Successful completion of an approved, recognized course when such exists, or acceptable supervised training or other acceptable experience in tinnitus retraining therapy.

Required Previous Experience: Demonstrated current competence and evidence of the performance of at least [n] procedures in the past 12 months.

Continuation of Scope of Practice: Demonstrated current competence and evidence of the performance of at least [n] procedures in the past 24 months based on results of quality assessment/improvement activities and outcomes.

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Tinnitus Retraining Therapy

☐ Requested

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Qualifications for Cochlear Implants (Special Non-Core)

Criteria: Two years post-degree full time paid professional experience as an audiologist, and completion of an approved recognized course or training that includes evidence of 450 direct cochlear implant patient contact hours and 50 hours of case management of cochlear implant cases over two consecutive years within the past 5 years.

Required Previous Experience: Demonstrated current competence and the evidence of the performance of at least [n] procedures in the past 12 months.

Continuation of Scope of Practice: Demonstrated current competence and evidence of the performance of at least [n] procedures in the past 24 months based on results of quality assessment/improvement activities and outcomes.

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Cochlear Implants

☐ Requested
UNM SRMC
AUDIOLGY PRIVILEGES

Name:__________________________
Effective Dates:______________ To: ____________

Acknowledgment 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 ________________________

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:

Privilege | Condition/Modification/Explanation
---|---
1. | ________________________________
2. | ________________________________
3. | ________________________________
4. | ________________________________

Notes:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Print Name __________________________ Signature __________________________ Date ____________

Clinical Service Chief or Designee Signature