

Privileges for: Audiologist

Request

- ST. ELIZABETH EDGEWOOD
- ST. ELIZABETH FLORENCE
- ST. ELIZABETH FT. THOMAS
- ST. ELIZABETH GRANT CO. (Surgical & other invasive procedures requiring general anesthetic are not offered)

MEC Approval: May 25, 2017

Board Approval: September 11, 2017

 Department / Section Chair Signature _____
Date

Nursing Administration Approval

 Sr. V.P. of Nursing or Designee Signature _____
Date

Must be sponsored by a physician who is a member of the Medical Staff of St. Elizabeth Healthcare

SUPERVISING PHYSICIAN ENDORSEMENT: As the applicant's supervising physician, I have read the foregoing application and have indicated by my initials and date above the appropriate levels of supervision I will employ to promote the safety and care of our patients at a generally recognized professional level of quality and efficiency. I acknowledge my continuing responsibility for supervising this applicant until such time as he or she secures another supervising physician.

I agree that the use of my electronic signature below indicates my intent to sign this document as if it were my original handwritten signature.

Last 4 digits of S.S.N. _____

 Sponsoring Physicain Signature _____
Date

MINIMUM REQUIREMENTS

- Master's or Doctorate degree in Audiology from accredited university
- Certificate of Clinical Competency by the American Speech, Language, and Hearing Association (CCC-A)
- Kentucky State licensure in Audiology issued by the State Board of Examiners in Speech Pathology and Audiology

PRIVILEGES REQUESTED

Pursuant to Bylaws Section 6.1.4, practitioners may exercise the privileges requested and awarded below only at facilities where St. Elizabeth Healthcare offers those services. NOTE: For each privilege that the practitioner requests below, the supervising physician must, prior to submission to the section chair, indicate the level of supervision that he or she intends to exercise by typing the level of supervision into the COMMENTS box for each requested privilege below:

- o For privileges that may be exercised via phone availability (and not more than 30 minutes travel time away), identify the "A" level of supervision in the COMMENTS box .
- o For privileges requiring on site supervision, identify the "O" level of supervision in the COMMENTS box.
- o For privileges requiring direct supervision, identify the "D" level of supervision in the COMMENTS box.

If a supervision level is not offered, the MEC and Board have determined that that level of supervision may not be employed.

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DEFINITIONS OF LEVELS OF SUPERVISION

Direct Supervision: This means the supervising physician is sufficiently nearby that the AHP may verbally summon the supervisor's help if needed when the AHP is performing a function requiring direct supervision. Although the physician may be performing some other task at the time, the supervising physician must be able to immediately provide direction and assume the performance of the task if difficulties arise. This does not require that the physician is actually in sight of the AHP or watching "over the shoulder" of all AHPs as may be required during the training period of AHPs to ensure that the AHP is competent to perform the task.

On site supervision: Requires the physical presence of the supervising physician in the same location (i.e. the hospital) as the AHP, but does not require the physical presence in the same room.

Available by phone: The supervising physician must be continuously available for direct communication with the AHP and must be in a location that, under normal conditions, is not more than 30 minutes travel time from the AHP's location.

DESCRIPTION OF CORE PRIVILEGES

Core privileges as an Audiologist include the care, treatment or services listed immediately below. I specifically acknowledge that my licensure and training alone do not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

_____ Correctly diagnose hearing disorders by obtaining comprehensive patient history, selecting and administering appropriate tests, and accurately interpreting test results.

_____ Provide effective treatment by recommending and dispensing hearing aids when appropriate and by collaborating with other professionals regarding patient care (i.e., making appropriate referrals and consulting with referral sources).

_____ Maintain accurate documentation of patient services by providing complete reports and chart notes in a timely manner.

_____ Counsel patients and families with all aspects of hearing healthcare.

_____ Maintain and promote professional expertise by participating in continuing education programs, performance improvement and outcomes measurement programs, local professional organizations/associations, and by meeting requirements for Kentucky State license renewal. May also supervise graduate students in Audiology practicum in cooperation with area universities.

I agree that the use of my electronic signature below indicates my intent to sign this document as if it were my original handwritten signature.

Applicants Signature: _____ **Date:** _____