

St. John's Hospital Aurora

500 Porter Street
Aurora, Missouri 65605

REFER & FOLLOW CLINICAL PRIVILEGES

Name: _____

Page 1 of 3

Qualifications

Successful completion of an Accreditation Council on Graduate Medical Education/American Osteopathic Association (ACGME/ AOA) accredited post graduate training program, and

Current certification or active participation in the examination process leading to certification.

Medical Staff members are required to complete board certification. Failure to obtain certification will subject a practitioner to review by the Regional Hospital Medical Staff Council.

Required Previous Experience

Demonstrate recent clinical experience and competence within the last twelve (12) months with an active clinical practice in the area in which clinical privileges are sought.

Reappointment Requirements

Current demonstrated competence of refer and follow privileges with acceptable results for the past twenty-four (24) months.

St. John's Hospital Aurora

500 Porter Street
Aurora, Missouri 65605

REFER & FOLLOW CLINICAL PRIVILEGES

Name: _____

Page 2 of 3

Applicant: Check off the "Requested" box for each privilege 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.

Department Chair: 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.

REFER AND FOLLOW PRIVILEGES

Requested

REFER & FOLLOW - Perform history and physical, order non-invasive outpatient diagnostic tests and services; visit, review medical records, write in progress notes for patients referred for admission/services; consult with attending physician; and observe diagnostic or surgical procedures with the approval of the attending physician and the Chief of Staff.

St. John's Hospital Aurora

500 Porter Street
Aurora, Missouri 65605

REFER & FOLLOW CLINICAL PRIVILEGES

Name: _____

Page 3 of 3

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 **ST. JOHN'S HOSPITAL**, 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: _____

Department Chair'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:

<u>Privilege</u>	<u>Condition/Modification/Explanation</u>
1.	
2.	
3.	
4.	
Notes:	

Department Chair Signature: _____ Date: _____

*****For Medical Staff Services Use Only*****

Credentials Committee Action: _____ Date: _____

Medical Executive Committee Action: _____ Date: _____

Board of Directors Action: _____ Date: _____