

**Methodist LeBonheur Healthcare  
Supervision of Allied Health Caregivers Privilege**

Name: \_\_\_\_\_

**A separate privilege must be granted for the supervision of AHCs.**

**Allied Health Caregiver (AHC)** means a healthcare professional who provides services at Methodist, and is authorized to do so via a human resources process. Examples of individuals in this category include rounding nurses, scrub assistants and rounding assistants.

**Please check the appropriate ages for each privilege requested.**

Privilege Description	Neonates (0-28 days)	Infants (29 days– 2 years)	Children (2-12 years)	Adolescents (13-18 years)	Adults (>18 Years)
Supervision of AHC(s)					

**Acknowledgement of practitioner**

I have requested this privileges for which I am qualified to perform and for which I wish to exercise at **Methodist Healthcare**, and I understand that:

- (a) I have reviewed the scope of job description submitted for all individuals I request to supervise. These individuals are employed and/or contracted by me to function in this capacity; or I have agreed to supervise these individuals. I verify that these individuals are able to perform the services requested.
- (b) I agree to notify Medical Staff Services if an authorized individual should ever leave my employment or supervision and understand that I continue to be responsible for them until such notification is received.
- (c) I understand that at no time my supervised AHC can perform functions that would constitute medical practice. I understand that all duties performed must be within the scope of his/her job description and under my supervision and upon my authority.
- (d) I assume all responsibility for his/her actions while providing service and accountability for his/her conduct within Methodist Le Bonheur Healthcare.
- (e) I understand that AHC(s) are required to comply with the bylaws, policies, rules and regulations, and governance documents of the medical staff, as applicable to the job description for which they are authorized.
- (f) I agree to participate as requested in the evaluation of competency (i.e., at the time of reappointment or an intervals between reappointment, as necessary) for the AHC(s) I supervise.
- (g) I understand that an annual evaluation of performance will also be performed by MHMH, which will include compliance with hospital policies and procedures.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_