

Supervision of Allied Health Professionals Delineation of Privilege

A separate privilege must be granted for the supervision of AHPs.

Allied Health Professional (AHP) means a practitioner, other than a licensed physician or dentist medical staff member, who provides complex patient care at Methodist. The AHP may be either a Licensed Independent Practitioner (LIP) or a supervised practitioner who has been credentialed and privileged through the medical staff organization. AHP(s) exercise judgment within the areas of documented professional competence and consistent with the applicable State Practice Act.

This category includes Certified Physician Assistants and Advanced Practice Registered Nurses (nurse practitioners, nurse anesthetists, and clinical nurse specialists, if deemed to be engaging in complex medical acts).

Check below the particular privileges desired for each facility:

Please check (✓) applicable age categories for each privilege requested.

Privilege Description	Methodist Healthcare – Memphis Hospitals (MHMH) Germantown, Le Bonheur Medical Center, North, South & University, Outpatient Clinics & Diagnostic Facilities	Methodist Healthcare – Olive Branch Hospital (MHOBH)
Supervision of AHP	<input type="checkbox"/>	<input type="checkbox"/>
Limitations	Clinical privileges are granted only to the extent privileges are available at each facility.	
	Darkly shaded areas represent privileges not available to any practitioner due to the privilege not being offered by the facility.	

Acknowledgement of practitioner

I have requested this privileges for which I am qualified to perform and for which I wish to exercise at the facility, and I understand that:

- (a) I have reviewed the scope of practice/job description/privileges submitted all individuals I request to sponsor. These individuals are employed, contracted, or sponsored by me to function in this capacity. I verify that these individuals are able to perform the services requested.
- (b) I agree to notify Medical Staff Services if an individual should ever leave my employment or sponsorship, and understand that I continue to be responsible for them until such notification is received.
- (c) I understand that at no time my sponsored AHP may perform functions outside the privileges granted.

- (d) I assume responsibility for his/her actions while providing service and accountability for his/her conduct within the facility.
- (e) I understand that AHP(s) are required to comply with the bylaws, policies, rules and regulations, and governance documents of the medical staff, as applicable to the privileges granted.
- (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) of the AHP(s) I sponsor.
- (g) I understand that the following policies apply to AHP(s);
 - AHP(s) may write orders only as permitted by his/her licensure or certification and as outlined in the AHP Category Privileges Description and the privileges granted to the AHP.
 - AHP(s) may document in patient medical records in a complete and timely fashion to the extent authorized in the AHP Category Privileges Description and the privileges granted to the AHP.
 - AHP(s) must seek consultation, supervision and direction whenever appropriate or necessary and as required in the AHP Category Privileges Description and the privileges granted to the AHP.

Physician's Signature

Date

Printed Name

Currently, I supervise the following:

