

# SURGICAL/TECHNICAL ASSISTANT

## PRIVILEGE FORM

NAME: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_ to \_\_\_\_\_

The minimum education, training, and experience qualifications for core privileges are as delineated in each hospital's Medical Staff Bylaws, Rules and Regulations, or policies. Please consult these documents to determine your eligibility to request these privileges.

LEGEND: 1 – BMC - Jax                      2 – BMC - Beaches                      3 – BMC - Nassau                      4 – SV Southside                      5 – SV Riverside  
 6 – Shands Jax/SJ TCU                      7 – Wolfson                      8 – Brooks                      9 – BMC - South                      10 – SV Clay

To request Core Privileges, please place an "X" in the appropriate hospital column.

1	2	3	4	5	6	7	8	9	10	CORE PRIVILEGES	APPR
										<b>Level I:</b> Assist physician/dentist with gowning, gloving, prepping, and draping. Includes the ability to scrub into the surgical case, maintain sterile technique, stand in the operative field, and provide exposure of operative site by retracting nearby tissue and suctioning as necessary. <b>All privileges are performed under the direct supervision of the surgeon.</b>	
										<b>Level II:</b> Assist physician/dentist with passing instruments or sutures and basic assisting - not to include suturing, hemostasis, wound closure or drain placement. Includes ability to scrub into the surgical case. <b>All privileges are performed under the direct supervision of the surgeon. [++Hospital 2]</b>	
										<b>Level III:</b> As above for Level I and II, including the ability to assist at all levels of surgical procedure including suture of skin and subcutaneous tissue (except plastic repair), debride skin and subcutaneous tissue, and tie sutures. <b>All privileges are performed under the direct supervision of the surgeon. [++Hospital 2]</b>	

Privilege not available in this specialty at this hospital. ++ Please refer to hospital's specific criteria to be met before this privilege may be granted.

To request Special Procedures, please place an "X" in the appropriate hospital column.

1	2	3	4	5	6	7	8	9	10	SPECIAL PROCEDURES	APPR
										Procedures that are not routinely part of training, and may require proof of training or experience.	
										Assist with Laparoscopic Procedures [++Hospital 2, 5]	

**Acknowledgement of Practitioner:** I understand that (a) in exercising clinical privileges granted, I am constrained by each hospital's Medical Staff policies, rules and regulations, and (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 each hospital's Medical Staff Bylaws.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Acknowledgement of Supervising Physician/Dentist:** The above-named practitioner shall be under my direct supervision in the exercise of clinical privileges. I acknowledge the above-named practitioner is qualified and competent to perform the requested privileges.

**Supervising Physician/Dentist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervising Physician/Dentist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_