

TEXAS SPINE & JOINT HOSPITAL

DELINEATION OF PRIVILEGES REGISTERED PHARMACIST

NAME: _____

INITIAL APPOINTMENT/REAPPOINTMENT
(CIRCLE ONE)

REQUESTED	PRIVILEGE	APPROVED	DENIED
	GENERAL		
	Assess patients per protocol criteria		
	Write comments regarding variables within study protocols		
	Perform pre and post operative instruction and education for patients and their families.		
	Accompany the physician during evaluation, interviews and physical examinations		
	Write orders on the chart in presence of the responsible physician to be countersigned immediately and prior to implementation		
	Receive and write verbal orders at the verifiable direction of the responsible physician		
	Abstract data from medical records for sponsoring company and Federal Drug Administration		

Signature of Allied Health Professional

Date

I agree to accept total responsibility for all actions of this Allied Health Professional while he/she is in my employ. I also attest to the fact that an adequate investigation of his/her qualifications and character has been performed and that the individual, in my opinion, is capable of performing the requested activities. I also agree to notify the Hospital if this person should leave my employment.

Sponsoring Physician's Signature

Date

The application for the allied health professional, including references/evaluations, and requested clinical privileges have been reviewed by:

Recommendation:

Approved Denied Deferred

Medical Director

Approved Denied Deferred

Chairman Board
