

Joint ownership with physicians

PHYSICIAN SURGICAL ASSISTING PRIVILEGES

NAME:	<u> </u>	
Circle One Initial Appointment	Reappointment	Update
All new applicants must meet the following	ng requirements as approved	by the governing body:
To be eligible to assist in the surgical se Successful completion of the surgical ro malpractice insurance coverage for surgic the direct supervision of the sponsoring ph	tation in medical school. The assistant me	ne assistant must have adequate ay only perform activities under
Required previous experience: No explicit	requirement other than educ	eation as detailed above
Reappointment requirements: To be eligimust meet the following maintenance of p		in Surgical Assisting, the applican
Current demonstrated competence and ar results, reflective of the scope of privile ongoing professional practice evaluation (privileges requested is required of all appl	eges requested for the past (OPPE) and outcomes. Evide	24 months based on results of nce of current ability to perform
Acknowi	LEDGMENT OF PRACTITION	ONER
I am qualified to perform the privileges I he experience and current competence. I certification	*	
Furthermore, if I am requesting privileges Scott & White Texas Spine & Joint Hospi licensure, etcfor the committee to revie	tal I have attached education	
Practitioner's Signature		Date