STATEMENT OF SUPERVISING PHYSICIAN FOR AHP PROVIDER – ONE FORM FOR EACH SUPERVISING PHYSICIAN

Per Institutional Bylaws–

Hospital recognizes the following categories of Allied Health Professional ("AHP")s (Members in both categories, **must have a supervising physician to provide oversight of their activities**.)
Dependent AHP's must work in direct supervision of their supervising physician, where as Independent AHP's may work independent of their supervising physician, but adhere to accountabilities listed on their Scope of Practice and/or Rules and Regulations:

A. DEPENDENT – AHP's (Supervisor must be directly available and working in sight of the AHP): i. Certified AT – Anesthesia Technologist/Technician / ii. Non-Physician Surgical First Assistant/ iii. Pathology Assistant iv. Perfusionist / v. Perfusionist Assistant

B. INDEPENDENT AHP's (May work independent of their supervising physicians, but must adhere to accountabilities listed on their Scope of Practice and/or Rules and Regulations): i. Certified Nurse Anesthetists / ii. Genetics Counselor / iii. Licensed Alcohol and Drug Counselor iv. Marriage and Family Therapists / v. Neurophysiologists / vi. Neuropsychologists / vii. Nurse Practitioner viii. Physician Assistant / ix. Psychologists x. Social Workers

I herby verify that_____ is under my supervision in the capacity of _____ and is duly qualified to perform under my supervision the functions and services as listed on their Scope of Practice.

He/She will be under my direction as all times and I agree to assume full responsibility for his/her actions in dealing with my patients at any Renown Integrated Health Network facility that I am privileged at.

I will agree to notify Renown Regional Medical Staff Services at phone number 775-982-4270 or fax to 775-982-4543 should this person leave my supervision.

_____ _____
Signature of Supervising Physician Date

_____
Printed Name of Supervising Physician

_____ _____
Signature of Allied Health Professional Date

_____
Printed Name of Allied Health Professional