

## ALLIED HEALTH PROFESSIONALS

### **I. Policy**

It is the policy of Lehigh Valley Health Network (LVHN) to establish guidelines which govern the credentialing of Allied Health Professionals (AHPs). These practitioners are appointed to the Allied Health Staff which has oversight by the Medical Staff as delegated by the Medical Staff Governing Body. The Hospital Staff Development Plan may be applied to the Allied Health Staff as felt appropriate by the Medical Staff Governing Body. It is within the power of the Medical Staff Governing Body to limit the number and/or categories of AHPs on staff.

### **II. Scope**

This policy applies to all Allied Health Staff; however, specific requirements related to supervised privileges do not pertain to Psychologists, Chiropractors and Optometrists.

### **III. Definitions**

- A. **Allied Health Professional (AHP)** - individuals who are directly or indirectly involved in the delivery of health care in any of the LVHN facilities, who are often employed by Medical Staff members (e.g., LPNs, RNs, Physician Assistants, Nurse Practitioners, and Registered Dietitians, etc.). Allied Health Staff members will also include certain classes of LVHN employees (e.g., Social Workers, Pharmacists, Advanced Practice Nurses including Clinical Nurse Specialists, R N First Assistants, etc. and certain classes of individuals who may solely exercise privileges in the offices of network owned practices.
- B. **Advanced Practice Clinician (APC)** - a subgroup of Allied Health Professionals consisting of Physician Assistants, Nurse Practitioners, Nurse Midwives, Nurse Anesthetists, Psychologists, Optometrists, Neuro Optometrists, Audiologists and Chiropractors. These individuals are generally more independent in nature by license and therefore are members of the Advanced Practice Clinicians staff which is organized as a group under the auspices of the Medical Staff.

### **IV. Procedure**

- A. Allied Health Professionals may render patient services according to their delineated and approved privileges. Requested privileges must be approved by the Medical Executive Committee and Medical Staff Governing Body in accordance with the Medical Staff Bylaws.
- B. Privileges and Qualifications
  - 1. Permission to perform privileges is not a contractual or property right and may be terminated at any time for sub-standard performance, conduct, or attitude subject to procedural rights under the Medical Staff Bylaws.

2. To be considered for initial appointment and to maintain privileges, all AHPs must be supervised by a member of the Medical Staff of Lehigh Valley Health Network. The exception is Psychologists, Chiropractors and Optometrists who do not have a supervising Medical Staff member.
3. All Allied Health Professionals shall be required to present appropriate documentation of education, training, experience, certification and/or licensure and shall be professionally qualified as set forth in this policy and the Medical Staff Bylaws. Consideration for the granting of privileges shall be based upon the training and experience of the applicant and the needs of the institution.
  - a. In accordance with Department of Homeland Security (OHS) regulations, foreign born AHP professionals, which include nurses, physical therapists, speech-language pathologists, audiologists, medical technologists, medical technicians, chiropractors and physician assistants, and who are newly appointed to the Allied Health Staff as of September 23, 2003 and later, will be required to provide a health care worker's certificate.
4. If an applicant for privileges is one whose specialty requires licensure and/or certification, the applicant shall be required to provide evidence of such current licensure and/or certification or eligibility for such as a precondition to the granting of privileges, and before assisting any practitioners within the confines of LVHN.
5. Each AHP must maintain and provide proof of current liability coverage in, at least, the minimum amount as required by LVHN and state law.
6. Each AHP shall maintain and provide proof of licensure and/or certification as required by LVHN and/or state law.
7. Each AHP must maintain life support certification as defined on "Life Support Requirements by Department/Institute" grid.
8. Although hospital privileges may be granted to AHPs to assist in the direct care and evaluation of patients, the supervising Medical Staff member has the ultimate responsibility for the care of the patient and responsibility for the professional and practice-related activities of the AHP.
9. The Medical Staff Governing Body of the Hospital have ultimate authority over the use of such AHPs within the confines of LVHN.
10. Allied Health Professionals shall not have admitting privileges to LVHN, except for certified nurse midwives.
11. The membership and privileges of all AHPs shall be reviewed and granted at the end of the provisional period and at a maximum of every two (2) years thereafter.
12. Additional privileges, qualifications, and requirements for specific classes of Allied Health Professionals are appended to this document.
13. The AHP will be terminated or suspended if the supervising Medical Staff member(s) cease(s) to be a member of the Medical Staff or if the supervising Medical Staff member(s) cease(s) to supervise the AHP.

This termination shall be considered an automatic voluntary resignation not entitling the AHP to any procedural rights under the Medical Staff Bylaws.

C. Assignment to Medical Staff Departments/Institutes

1. The AHP is assigned to the Department/Institute of their supervising Medical Staff member with whom they perform the majority of their responsibilities.

D. Application and Approval Procedure

1. All individuals desiring to exercise privileges within LVHN must be appointed to the Allied Health Professional Staff under the supervision of a Medical Staff member.
2. If an Allied Health Staff member is supervised by more than one clinical practice, each clinical practice must make individual application for privileges for that member.
3. Application forms and procedure guidelines are available from the Office of Medical Staff Services. Upon completion, all forms are to be returned to the Office of Medical Staff Services.

The following shall be required for all applicants:

- a. Completed application
- b. Copy of license and/or certification (where applicable) and proof of insurance
- c. Three letters of reference - (For psychologists, chiropractors, and optometrists one letter must be from a physician. A second reference for a psychologist, chiropractor and optometrist must be of the same education, training and occupation.)
- d. Where applicable, letter of reference from director of each clinical training program attended by applicant and copies of education diplomas/certificates
- e. Toxicology screening
- f. Criminal background checks
- g. Copy of DEA Certificate (where applicable)
- h. Copy of driver's license
- i. Copy of current Curriculum Vitae (CV)
- l. Copies of continuing education units (where applicable)
- m. Submission of recent color photograph for identity verification purposes
- n. Copy of written agreement submitted to the State Board and State Board's supervising physician approval certificates (for physician assistants)
- o. Copy of collaborative agreement submitted to State Board and prescriptive authority approval certificate (for nurse practitioners and nurse midwives)
- p. A specific list of privileges which the applicant wishes to perform. At the end of the application, there should be a signed statement by the applicant's supervising Medical Staff member which states:
  - i. That the physician has reviewed the list of privileges and is satisfied that the applicant has had appropriate training to perform the privileges outlined;

- ii. That the physician has reviewed the physical and mental health of the applicant and is satisfied that the applicant can perform the privileges outlined;
  - iii. In the case of Psychologists, Chiropractors and Optometrists the above statement shall be signed by:
    - a. the Medical Staff supervising practitioner, if the applicant is employed by that practitioner or employed by LVHN, or
    - b. the respective departmental chair/physician in chief if the applicant is self-employed.
  - q. A signed statement by the appropriate hospital representatives which state that he/she is satisfied that the applicant can perform the privileges requested.
4. Each applicant, by applying for Allied Health Staff privileges, expresses his/her willingness to appear for interviews in regard to the application; authorizes the Hospital to consult other health professionals and hospitals with which the applicant has been associated; and consents to the Hospital's inspection of all records and documents that concern the application process. The applicant also releases from any liability all representatives of LVHN for their acts performed in connection with evaluating the applicant and his/her credentials; and releases from liability all persons and organizations who provide information to LVHN concerning the applicant's competence, qualifications and education.
5. The completed application will be channeled as determined by the Office of Medical Staff Services as follows:
- a. The application will be referred to the appropriate administrative representative in the patient care area most appropriate to the requested privileges. Advanced Practice Registered Nurses (Nurse Practitioners, Nurse Midwives, Nurse Anesthetists) will be referred to the Chief Nursing Officer or his or her Nurse Administrator designee. The Administrator will confer with those persons directly responsible for the area where the applicant will work. The applicant will arrange for an interview with the assigned Administrator.
  - b. After interviewing the applicant and reviewing the list of privileges, the appropriate Administrator will recommend approval or disapproval of the applicant. If the Administrator recommends approval, he/she will specify which privileges listed on the application, in his/her opinion, the applicant is capable of performing. The Administrator will forward his/her recommendations to the Credentials Committee via Medical Staff Services.
  - c. The appropriate Department/Institute Chair/Physician in Chief will review the application and interview the applicant.
  - d. The Department/Institute Chair/Physician in Chief will recommend approval or disapproval of the applicant. If the Department/Institute Chair/Physician in Chief recommends approval, he/she will specify which privileges listed on the application, in his/her opinion; the applicant is capable of performing. The Department/Institute Chair/Physician in Chief will then forward his/her recommendations to the Credentials Committee via Medical Staff Services.
  - e. The Credentials Committee will review the required completed documents and will recommend approval or disapproval to the Medical Executive Committee. (Should the Credentials Committee or the Medical Executive Committee recommendation be negative, the Allied Health Professional will be eligible for procedural rights as described in the Medical Staff Bylaws.)

- f. The Medical Executive Committee will make its recommendations to the Medical Staff Governing Body who will approve or disapprove the application. If it is approved, the candidate will be notified by mail of its approval and receive a list of the delineated privileges which the candidate is authorized to perform.
  - g. Medical Staff Services will send copies of the letter and approved privileges to the requesting practitioner who supervises and will post the approved privilege sheet to the hospital-wide intranet site for access by patient care areas.
  - h. If the applicant is disapproved, the candidate will be notified of this action and copies of this letter will be sent by the Office of Medical Staff Services to the requesting practitioner who supervises the AHP and to the Chair/Physician in Chief of the Department/Institute concerned and the appropriate Administrator. In the case of a self-employed psychologist, notification will be sent to that individual. The applicant shall then be eligible for a hearing as described in the Medical Staff Bylaws.
- 6. Upon approval of an applicant, the supervising Medical Staff member will arrange for the orientation of the AHP to LVHN and its policies. The supervising Medical Staff member is responsible for ensuring that the Allied Health Staff member is oriented to specific issues of concern, such as operating room policies and procedures.
  - 7. After the applicant has received initial approval, he/she will be placed in a Provisional status for one year at which time his/her records will be reviewed.
  - 8. After the one-year provisional review, pending favorable recommendation, the individual will be reviewed at the next regularly scheduled two (2) year review in order to maintain all Allied Health Professionals in the same regular cycle. An AHP may be recommended for an additional provisional year. At the completion of the second provisional year, an AHP must be recommended for non-provisional reappointment or termination from the Allied Health Staff.

#### E. Reappointment Process

- 1. Reappointment is a privilege, not a right, and the burden of proof is on the AHP and his/her supervising Medical Staff member to demonstrate his/her competence for reappointment and reassignment of privileges to be performed. The ongoing monitoring of Quality Assurance and Improvement activities will be considered. All AHPs will be requested to respond to any queries resulting from quality assessment activities.
- 2. All AHPs will be evaluated on a two (2) year basis by the appropriate Chair/Physician in Chief of the Department/Institute; in addition, all practitioners will be evaluated by a peer who must be of the same education, training and occupation. Advanced level nursing practitioners (Nurse Practitioners, Nurse Midwives, Nurse Anesthetists) shall be evaluated by the Nurse Administrator (as designee of the Chief Nursing Officer) of the appropriate clinical area in which the practitioner exercises privileges.
- 3. A reapplication form will be sent to each AHP by Medical Staff Services 120 days prior to the reappointment date set by LVHN.

4. The reapplication form and any supporting documents including evaluations must be returned to Medical Staff Services within 30 days.
5. Recommendations from appropriate Administrators (if applicable) and all corresponding documentation are reviewed by the Chair/Physician in Chief with their recommendations being forwarded to the Credentials Committee. The Credentials Committee will recommend approval or disapproval of the reapplication to the Medical Executive Committee.
6. The Medical Executive Committee will make its recommendations to the governing board who will approve or disapprove the request for reapplication. If it is approved, the AHP will receive official notice of approval and a list of the delineated privileges which the AHP is authorized to perform.
7. The approved privileges will be posted on the hospital-wide intranet site for access by patient care areas.
8. If the reapplication is recommended for disapproval (by either the Credentials Committee or the Medical Executive Committee), the individual will be notified of this action and copies of this letter will be sent by Medical Staff Services to the Chair/Physician in Chief of the Department/Institute concerned and to the Medical Staff member who supervises the AHP(if applicable). The individual shall then be eligible for procedural rights as described in the Medical Staff Bylaws.

F. Request for Additional Privileges

Allied Health Professionals may request additional privileges by the following mechanism:

1. The Allied Health Professional must request an additional privilege via a written letter to the Office of Medical Staff Services. Such letter should include verification of satisfactory completion of training for the requested procedure and satisfactory compliance with approved credentialing criteria. In addition, the supervising Medical Staff member must write a letter of recommendation supporting the request and attesting that the individual has obtained sufficient training to perform the procedure.
2. Upon receipt of a written request, verification of training, and the supervising Medical Staff member's recommendation, the Department/Institute Chair/Physician in Chief shall make a written recommendation which will be forwarded for consideration by the Credentials Committee, the Medical Executive Committee, and the Boards of Trustees, which will render final approval.
3. A request for additional privileges will not be conducted in conjunction with Reappointment, but under separate cover.

G. Requirements for continued Membership on Allied Health Staff

1. Each AHP is required to maintain a current license and/or certificate, if applicable.
2. At no time shall any AHP represent, imply, or lead a patient to believe that he/she is a Medical Staff member.
3. At all times, each AHP shall wear the hospital-issued photo ID badge with his/her appropriate professional or technical title (e.g., RN, LPN, CRNP, CRNA, DC, etc.).

4. Medical Staff members may not delegate to Allied Health Professionals the duty to independently initiate orders except in the case of Nurse Practitioners, Physician Assistants, and Nurse Midwives acting within the scope of their practice and their approved privileges.
5. The Medical Staff member using the services of an AHP assumes the responsibility for that person. Procedures performed by an AHP in the Hospital's operating rooms must be directed and supervised by the surgeon in charge of the operation. It is the responsibility of the supervising Medical Staff member to ensure that the AHP is kept current in all the privileges he/she wishes to perform.
6. AHPs will not, under any circumstances, perform any procedures at LVHN that are not contained in their list of privileges as approved by the Medical Executive Committee and the governing boards of the Hospital. Privileges may be designated with certain levels of supervision as noted on individual approved privilege sheets.
7. All AHPs granted LVHN privileges must adhere to and abide by all rules and regulations as set forth by the appropriate state board, state law or other regulatory agencies.
8. If a life-threatening emergency situation arises, the AHP shall simultaneously attempt to obtain assistance and supervision from a member of the Medical Staff and attempt to stabilize the patient in order to remove him/her from the life-threatening condition.
9. All approved AHPs working in the O.R. area will receive orientation to the O.R. Rules and Regulations and Dress Code.
10. If an AHP fails to work within the scope of the privileges delineated or does not comply with the rules and regulations of LVHN, the Chair/Physician in Chief of the respective Department/Institute will confer with the supervising Medical Staff member. Recommendation regarding corrective action up to and including termination will be forwarded to the President of the Medical Staff and/or the Medical Executive Committee for appropriate action according to the Medical Staff Bylaws.
11. It is the responsibility of each AHP to inform the Office of Medical Staff Services of a separation from their group practice, change in supervising physician, or a change in their written/collaborative agreement. Failure to do so may result in corrective action and/or unfavorable letters of reference from Lehigh Valley Health Network.

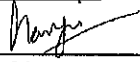
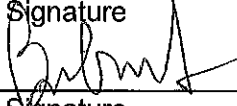
## **V. Attachments**

Appendix I - Physician Assistant  
Appendix II - Psychologist  
Appendix III - Surgical Technologist/First Assistant  
Appendix IV - Nurse Anesthetist  
Appendix V - Certified Registered Nurse Practitioner  
Appendix VI - Certified Nurse Midwife  
Appendix VII - Clinical Neurophysiologist/Intraoperative Neurophysiological Monitoring Specialist  
Appendix VIII - Perfusionist  
Appendix IX - Chiropractor  
Appendix X - Graduate Genetic Counselor/Certified Genetic Counselor  
Appendix XI - Certified Renal Lithotripsy Technologist/Lithotripsy Technician  
Appendix XII - Certified Respiratory Therapist/Registered Respiratory Therapist  
Appendix XIII - Orthopaedic Technologist Certified/Orthopaedic Physician Assistant Certified  
Appendix XIV - Coronary/Vascular Support Technician  
Appendix XV - Pacemaker/ICD System Support Technician  
Appendix XVI - Mapping Support Specialist  
Appendix XVII - Registered Nurse First Assistant  
Appendix XVIII - Registered Nurse  
Appendix XXIV - Optometrist  
Appendix XX - Social Workers  
Appendix XXI - Audiologists  
Appendix XXIII - Pharmacist  
Appendix XXIV - Neuro Optometrist  
Appendix XXV - Certification Grid for Allied Health Professionals

## **VI. Distribution**

Administrative Manual

## **VII. Approval**

  
\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Signature

President, Medical Staff

President & CEO

02/10/2025

Date

2/14/25  
Date

## **Policy Responsibility**

Administrator, Medical Staff Services

IN COORDINATION WITH:

Clinical Care Services

Department of Anesthesiology

Department of Dental Medicine

Department of Emergency and Hospital Medicine

Department of Family Medicine

Department of Medicine  
Department of Obstetrics and Gynecology  
Department of Pathology and Laboratory Medicine  
Department of Pediatrics  
Department of Psychiatry  
Department of Radiology/Diagnostic Medical Imaging  
Department of Surgery/Institute for Surgical Excellence  
Cancer Institute  
Heart and Vascular Institute  
Orthopedic Institute

### **VIII. References**

Hospital Staff Development Plan of LVHN  
The Joint Commission Accreditation Manual for Hospitals

### **IX. Disclaimer Statement**

This policy and the implementing procedures are intended to provide a description of recommended courses of action to comply with statutory or regulatory requirements and/or operational standards. It is recognized that there may be specific circumstances, not contemplated by laws or regulatory requirements that make compliance inappropriate. For advice in these circumstances, consult with the Department of Risk Management and/ or Legal Services.

### **X. Dates**

Origination:	June 1989
Reviewed/Revised:	October 2003, March 2006, April 2007, August 2007, February 2009
MEC Approval:	April 11, 2006, July 11, 2006, May 1, 2007, August 7, 2007, April 7, 2009, November 1, 2011, April 2, 2013, November 5, 2013, February 4, 2014, July 1, 2014, December 2, 2014, December 1, 2015, April 5, 2016, June 7, 2016, June 5, 2018, December 4, 2018, August 27, 2021, November 1, 2022, January 3, 2023, June 4, 2024, January 24, 2025

## **APPENDIX L- PHYSICIAN ASSISTANT**

### **Supervising Medical Staff Member**

- Must have a primary supervising Medical Staff member.

### **Required Education**

- Successful completion of a physician assistant program.

### **Credentials**

- Physician Assistant licensure in the Commonwealth of Pennsylvania and/or State of New Jersey.
- Obtain and maintain continuous certification by the National Commission on Certification of Physician Assistants (NCCPA).
- Obtain and maintain continuous DEA Certification and/or Controlled Dangerous Substance

### **Privileges**

- May exercise privileges as identified on the applicable Physician Assistant privilege sheet.
- Failure to maintain continuous certification will result in voluntary relinquishment of all clinical privileges and AHP membership.
- All verbal and telephone orders must be signed by the Physician Assistant within seven (7) days.
- Guidelines for Co-Signatures in the Ambulatory Practices
  1. For the first twelve (12) months the Physician Assistant is practicing post-graduation and after obtaining licensure
  2. For the first twelve (12) months the Physician Assistant is practicing in a new specialty
- Using the above guidelines, the PA-C/Supervising Physician can then apply to the State to get a reduction in signing of medical records

## **APPENDIX II - PSYCHOLOGIST**

### **Required Education**

- Successful completion of a doctoral degree (e.g., PhD, EdD or PsyD) program.
- For candidates applying after November 21, 1985, applicants must provide evidence of a doctoral degree (e.g., Ph.D., Ed.D. or Psy.D.) in clinical and/or counseling psychology from an accredited educational institution. Doctoral degrees in other areas of specialty (e.g., neuropsychology) may be considered if they meet the other criteria here specified and if the degree is deemed to meet a specific need of LVHN.

### **Credentials**

- Psychologist licensure in Commonwealth of Pennsylvania.

### **Privileges**

- May exercise privileges as identified on the psychologist privilege sheet.

### **"Grandfather Clause"**

Those Psychologists already on staff prior to November 21, 1985, may remain within the Department of Psychiatry and will be allowed to continue performing previously designated privileges so long as they maintain a current license and liability coverage as stated in this policy.

**APPENDIX III - SURGICAL TECHNOLOGIST/SURGICAL FIRST ASSISTANT/SURGICAL TECHNICIAN**

**Supervising Medical Staff Member**

- Must have a primary supervising Medical Staff member.

**Required Education**

May be one of the following trained individuals:

- a. Certified Surgical Technologist and/or Certified Surgical First Assistant
  - Successful completion of a surgical technology and/or surgical first assistant program.
- b. Certified Surgical Technician
  - Successful completion of a surgical technician program.

**Credentials**

Certified Surgical Technologist and/or Certified Surgical First Assistant

- Obtain and maintain continuous certification by the National Board of Surgical Technology and Surgical Assisting (NBSTSA).

Certified Surgical Technician

- Obtain and maintain continuous certification by the National Center for Competency Testing (NCCT).

**Privileges**

- May exercise privileges as identified on the certified surgical technologist/certified surgical first assistant or certified surgical technologist/certified surgical technician privilege sheet. Failure to maintain continuous certification will result in voluntary relinquishment of all clinical privileges and AHP membership.

**APPENDIX IV - CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA)**

**Supervising Medical Staff Member/Supervision**

- Provide anesthesia services in conjunction with and under the supervision of the attending anesthesiologist.

**Required Education**

- Successful completion of a nurse anesthetist educational program

**Credentials**

- Registered Nurse licensure in the Commonwealth of Pennsylvania and/or State of New Jersey.
- Obtain and maintain continuous certification by the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA).
- Comply with the rules and regulations of the State Board of Nursing.
- Obtain and maintain life support as defined on " Life Support Requirements by Department" grid.

**Privileges**

- May exercise privileges as identified on the Certified Nurse Anesthetist privilege sheet. Failure to maintain continuous certification will result in voluntary relinquishment of all clinical privileges and AHP membership.

## **APPENDIX V - CERTIFIED REGISTERED NURSE PRACTITIONER (CRNP)**

### **Supervising/Collaborating Physician**

- Must have a supervising/collaborating Medical Staff member.
- Provide a copy of protocols for functioning at LVHN which are signed by the supervising/collaborating physician and CRNP.

### **Required Education**

- Successful completion of a nurse practitioner program.

### **Credentials**

- Registered Nurse and Nurse Practitioner licensure in the Commonwealth of Pennsylvania and/or State of New Jersey.
- Comply with the rules and regulations of State Board of Nursing
- Obtain and maintain continuous DEA certification and/or Controlled Dangerous Substance
- Obtain and maintain life support as defined on "Life Support Requirements by Department " grid
- Obtain and maintain continuous certification as a Nurse Practitioner by one of the following bodies (unless grandfathered and initial requirement waived):
  - American Academy of Nurse Practitioners (AANP)
  - American Nurses Credentialing Center (ANCC)
  - National Certification Corporation (NCC)
  - Oncology Nursing Certification Corporation (ONCC)
  - Pediatric Nursing Certification Board (PNCB)
  - American Association of Critical Care Nurses (AACN)

### **Privileges**

- May exercise privileges as identified on the applicable CRNP privilege sheet. Failure to maintain continuous certification will result in voluntary relinquishment of all clinical privileges and AHP membership.
- May exercise prescriptive privileges in compliance with State regulations, LVHN credentialing criteria and hospital approval process.
- All verbal and telephone orders must be signed by the nurse practitioner within seven (7) days.

## **APPENDIX VI - CERTIFIED NURSE MIDWIFE (CNM)**

### **Supervising Medical Staff Member(s)**

- Must have a primary supervising Medical Staff member who has hospital privileges in Department of Obstetrics and Gynecology and has entered into a collaborative agreement with a midwife.

### **Required Education**

- Successful completion of a nurse midwifery program.

### **Credentials**

- Registered Nurse and Nurse Midwife licensure in the Commonwealth of Pennsylvania.
- Obtain and maintain continuous certification by the American Midwifery Certification Board (AMCB).
- Comply with the rules and regulations of State Board of Nursing.
- Obtain and maintain life support as defined on "Life Support Requirements by Department" grid.
- Obtain and maintain continuous DEA certification

### **Privileges**

- May exercise privileges as identified on the Certified Nurse Midwife privilege/protocol sheet. Failure to maintain continuous certification will result in voluntary relinquishment of all clinical privileges and AHP membership.
- May exercise prescriptive privileges in compliance with State regulations and within the scope of their practice as defined on the Certified Nurse Midwife privilege/protocol sheet.
- All verbal and telephone orders must be signed within seven (7) days in accordance with hospital policy.

**APPENDIX VII - CLINICAL NEUROPHYSIOLOGIST SPECIALIST/INTRAOPERATIVE NEUROPHYSIOLOGICAL  
MONITORING SPECIALIST**

**Supervising Medical Staff Member**

- Must have a primary supervising Medical Staff member

**Credentials**

Must be one of the following certified individuals:

Clinical Neurophysiologist Specialist

- Obtain and maintain continuous certification by the American Board of Neurophysiologic Monitoring (ABNM)

Intraoperative Neurophysiological Monitoring Specialist

- Obtain and maintain continuous certification by the American Board of Registration of Electroencephalographic and Evoked Potential Technologists, Inc. (ABRET)

**Privileges**

- May exercise privileges as identified on the clinical neurophysiologist specialist or intraoperative neurophysiological monitoring specialist privilege sheet. Failure to maintain continuous certification will result in voluntary relinquishment of all clinical privileges and AHP membership.

## **APPENDIX VIII - PERFUSIONIST**

### **Supervising Medical Staff Member**

- Must have a primary supervising Medical Staff member.

### **Required Education**

- Successful completion of a cardiovascular perfusion training program.

### **Credentials**

- Perfusionist licensure in the Commonwealth of Pennsylvania.
- Obtain and maintain continuous certification by the American Board of Cardiovascular Perfusion.
- For new graduates - obtain temporary state licensure from the Commonwealth of Pennsylvania and pass the ABCP examination within two-years from start date of employment.

### **Privileges**

- May exercise privileges as identified on the perfusion privilege sheet. Failure to maintain continuous certification or not successfully pass the ABCP examination within the two-year period, will result in voluntary relinquishment of all clinical privileges and AHP membership.

## **APPENDIX IX - CHIROPRACTOR**

### **Required Education**

- Successful completion of a chiropractic training program.

### **Credentials**

- Chiropractor licensure in the Commonwealth of Pennsylvania.

### **Privileges**

- May exercise privileges as identified on the chiropractor privilege sheet.

**APPENDIX X - GRADUATE GENETIC COUNSELOR/CERTIFIED GENETIC COUNSELOR**

**Supervising Medical Staff Member**

- Must have a primary supervising Medical Staff member.

**Required Education**

- Successful completion of a genetic counseling program.

**Credentials**

Graduate Genetic Counselor

- Must obtain a temporary provisional genetic counselor license in the Commonwealth of Pennsylvania. The temporary provisional license will expire upon the close of the second examination period for which the holder is eligible to test following the date of issuance of the temporary provisional license.

Genetic Counselor

- Licensure in the Commonwealth of Pennsylvania
- Obtain and maintain continuous certification by the American Board of Genetic Counseling.

**Privileges**

1. May exercise privileges as identified on the graduate genetic counselor/certified genetic counselor privilege sheet.
2. The holder of a temporary provisional genetic counselor license who fails to pass the examination within two examination cycles, shall immediately cease practicing and voluntarily relinquish all clinical privileges and AHP membership.
3. Failure to maintain continuous Genetic Counselor certification will result in voluntary relinquishment of all clinical privileges and AHP membership.

**APPENDIX XI - CERTIFIED RENAL LITHOTRIPSY TECHNOLOGIST/LITHOTRIPSY TECHNICIAN**

**Supervising Medical Staff Member**

- Must have a primary supervising Medical Staff member.

**Credentials**

Must be one of the following certified individuals:

Certified Renal Lithotripsy Technologist

- Obtain and maintain continuous certification by HealthTronics, Inc.

Lithotripsy Technician

- Obtain and maintain continuous certification by the American Registry of Radiologic Technologists.

**Privileges**

- May exercise privileges as identified on the certified renal lithotripsy technologist or lithotripsy technician privilege sheet. Failure to maintain continuous certification will result in voluntary relinquishment of all clinical privileges and AHP membership.

**APPENDIX XII - CERTIFIED RESPIRATORY THERAPIST/ REGISTERED RESPIRATORY THERAPIST**

**Supervising Medical Staff Member**

- Must have a primary supervising Medical Staff member.

**Required Education**

- Successful completion of a respiratory care program.

**Credentials**

- Obtain and maintain continuous certification by the National Board for Respiratory Care.

**Privileges**

- May exercise privileges as identified on the certified/registered respiratory therapist privilege sheet. Failure to maintain continuous certification will result in voluntary relinquishment of all clinical privileges and AHP membership.

**APPENDIX XIII - ORTHOPAEDIC TECHNOLOGIST CERTIFIED/ORTHOPAEDIC PHYSICIAN ASSISTANT CERTIFIED**

**Supervising Medical Staff Member**

- Must have a primary supervising Medical Staff member.

**Credentials**

Must be one of the following certified individuals:

Orthopaedic Technologist Certified

- Obtain and maintain continuous certification by the National Board for Certification of Orthopaedic Technologists.

Orthopaedic Physician Assistant Certified

- Obtain and maintain continuous certification by the National Board for Certification of Orthopaedic Physician Assistants. (No longer accepted after 9/1/2013)

**Privileges**

- May exercise privileges as identified on the orthopaedic technologist certified orthopaedic physician assistant certified. Failure to maintain continuous certification will result in voluntary relinquishment of all clinical privileges and AHP membership.

**APPENDIX XIV-CORONARY/VASCULAR SUPPORT TECHNICIAN**

**Supervising Medical Staff Member**

- Must have a primary supervising Medical Staff member.

**Credentials**

- Successful completion of a coronary/vascular support training program.

**Privileges**

- May exercise privileges as identified on the coronary/vascular support technician privilege sheet.

**APPENDIX XV - PACEMAKER/ICD SYSTEM SUPPORT TECHNICIAN**

**Supervising Medical Staff Member**

- Must have a primary supervising Medical Staff member.

**Credentials**

- Successful completion of a Pacemaker training program.

**Privileges**

- May exercise privileges as identified on the pacemaker/ICD system support technician privilege sheet.

## **APPENDIX XVI - MAPPING SUPPORT SPECIALIST**

### **Supervising Medical Staff Member**

- Must have a primary supervising Medical Staff member.

### **Credentials**

- Successful completion of a Mapping Support training program.

### **Privileges**

- May exercise privileges as identified on the mapping support specialist privilege sheet.

## **APPENDIX XVII - REGISTERED NURSE FIRST ASSISTANT**

### **Supervising Medical Staff Member**

- Must have a primary supervising Medical Staff member.

### **Required Education**

- Successful completion of registered nurse first assistant program.

### **Credentials**

- Registered Nurse licensure in the Commonwealth of Pennsylvania.
- Obtain and maintain continuous certification by Competency and Credentialing Institute.
- Comply with the rules and regulations of the State Board of Nursing.

### **Privileges**

- May exercise privileges as identified on the registered nurse first assistant privilege sheet. Failure to maintain continuous certification will result in voluntary relinquishment of all clinical privileges and AHP membership.

## **APPENDIX XVIII - REGISTERED NURSE**

### **Supervising Medical Staff Member**

- Must have a primary supervising Medical Staff member.

### **Required Education**

- Successful completion of a nursing program.

### **Credentials**

- Registered Nurse licensure in the Commonwealth of Pennsylvania.
- Comply with the rules and regulations of State Board of Nursing.

### **Privileges**

- May exercise privileges as identified on the registered nurse privilege sheet.

**Appendix XIV - OPTOMETRIST**

**Required Education**

- Successful completion of an accredited optometry program.

**Credentials**

- Optometrist licensure in the Commonwealth of Pennsylvania.
- Must obtain Board Certification by the American Board of Optometry within three (3) years of completing training program.
- If out of the program longer than three (3) years, must obtain Board Certification within two (2) years of appointment to the Allied Health Staff.
- Obtain and maintain continuous certification from the American Board of Optometry.

**Privileges**

- May exercise privileges as identified on the optometrist privilege sheet. Failure to maintain continuous certification will result in voluntary relinquishment of all clinical privileges and AHP membership.

## **APPENDIX XX - SOCIAL WORKER**

### **Supervising Medical Staff Member**

- Must have a supervising Medical Staff member.

### **Required Education**

- Successful completion of a graduate education program in preparation for licensure as required by Pennsylvania Code Title 49 Professional and Vocational Standards Department of State Chapters 47, 48, and 49. State Board of Social Workers, Marriage and Family Therapists and Professional Counselors.

### **Credentials**

- Licensed in the Commonwealth of Pennsylvania as a Licensed Social Worker (LSW), Licensed Clinical Social Worker (LCSW), License Professional Counselor (LPC) or Licensed Marriage or Family Therapists (LMFT).
- Complies with rules and regulations of PA Code Title 49 Professional and Vocational Standards Department of State Chapters 47, 48 and 49 as per licensure requirements.

### **Privileges**

- May exercise privileges as identified on the LSW, LCSW, LPC, LMFT privilege sheet.

### **Appendix XXI - AUDIOLOGIST**

#### **Supervising Medical Staff Member**

- Must have a supervising Medical Staff member.

#### **Required Education**

- Successful completion of an accredited audiology program.

#### **Credentials**

- Audiologist licensure in the Commonwealth of Pennsylvania.
- Obtain and maintain continuous certification from the American Speech-language-Hearing Association.

#### **Privileges**

- May exercise privileges as identified on the audiologist privilege sheet. Failure to maintain continuous certification will result in voluntary relinquishment of all clinical privileges and AHP membership.

## **APPENDIX XXII - REGISTERED DIETITIAN**

### **Supervising Medical Staff Member**

- Must have a primary supervising Medical Staff member.

### **Required Education**

- Successful completion of an Accreditation Council for Education in Nutrition and Dietetics (ACEND) approved program. Upon completion of program, successful completion of the Commission on Registered Dietitians; Commission on Dietetic Registration (CDR) exam to become a Registered Dietitian.

### **Credentials**

- Licensed in the Commonwealth of Pennsylvania.
- Obtain and maintain continuous certification by CDR.
- Comply with the rules and regulations of the Pennsylvania State Board of Nursing and the Academy of Nutrition and Dietetics Standards of Professional Performance for Registered Dietitians

### **Privileges**

- May exercise privileges as identified on the Registered Dietitian privilege sheet. Failure to maintain continuous certification and licensure will result in voluntary relinquishment of all clinical privileges and AHP membership.

### **APPENDIX XXIII – PHARMACIST**

#### **Supervising Medical Staff Member**

- Must have a primary supervising Medical Staff member.

#### **Required Education**

- Successful completion of a Pharmacy program from an Accredited College of Pharmacy

#### **Credentials**

- Licensed in the Commonwealth of Pennsylvania State Board of Pharmacy
- Comply with the rules and regulations of the State Board of Pharmacy

#### **Privileges**

- May exercise privileges as identified on the Pharmacist privilege sheet. Failure to maintain continuous licensure will result in voluntary relinquishment of all clinical privileges and AHP membership.

#### **Appendix XXIV – N E U R O OPTOMETRIST**

##### **Supervising Medical Staff Member**

- Must have a supervising Medical Staff member.

##### **Required Education**

- Successful completion of an accredited optometry program.
- Must complete three (3) years of direct clinical experience in Vision Therapy to proceed for COVD certification.

##### **Credentials**

- Optometrist licensure in the Commonwealth of Pennsylvania and/or State of New Jersey. Fellowship in College of Optometrists in Vision Development (FCOVD) or Fellowship in Neuro-optometric Rehabilitation Association (FNORA) or American Board of Optometry certification Plus membership in either COVD or NORA.

##### **Privileges**

- May exercise privileges as identified on the neuro optometrist privilege sheet. Failure to maintain continuous certification will result in voluntary relinquishment of all clinical privileges and AHP membership.

**APPENDIX XXII****Certification Grid for Allied Health Professionals**

Approved by Medical Executive Committee 11/01/2022

<b>Practitioner Category</b>	<b>Acceptable Special Certification Boards</b>	<b>Approved by MEC</b>
Audiologist	American Speech-Language-Hearing Association	12/01/2015
Certified Genetic Counselor	American Board of Genetic Counseling	10/01/2013
Certified Nurse Midwife	American Midwifery Certification Board	06/02/2009
Certified Registered Nurse Anesthetist	National Board of Certification and Recertification for Nurse Anesthetists	10/07/2008
Certified Registered Nurse Practitioner	American Academy of Nurse Practitioners	10/07/2008
	American Association of Critical Care Nurses	06/07/2016
	American Nurses Credentialing Center	
	National Certification Corporation	
	Oncology Nursing Certification Corporation	
Certified Renal Lithotripsy Technologist	HealthTronics, Inc.	10/01/2013
Certified Respiratory Therapist	National Board for Respiratory Care	10/01/2013
Certified Surgical I Technologist	National Board of Surgical Technology and Surgical Assisting	06/02/2009
	National Center for Competency Testing	
Clinical Neurophysiologist	American Board of Registration of Electroencephalographic and Evoked Potential Technologists	06/02/2009
Intraoperative Neurophysiological Monitoring Specialist	American Board of Neurophysiological Monitoring	06/02/2009
Lithotripsy Technician	American Registry of Radiologic Technologists	10/01/2013
Optometrist	American Board of Optometry	07/01/2014
Orthopaedic Physician Assistant Certified	National Board for Certification of Orthopaedic Physician Assistants - no longer accepted after 09/01/2013	10/01/2013
Orthopaedic Technologist Certified	National Board for Certification of Orthopaedic Technologists	10/01/2013
Perfusionist	American Board of Cardiovascular Perfusion	06/02/2009
Physician Assistant-Certified	National Commission on Certification of Physician Assistants	10/07/2008
Registered Dietitian	Commission on Dietetic Registration	04/05/2016

POLICY: Administrative

SUBJECT: Allied Health Professionals

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Registered Nurse First Assistant	Competency and Credentialing	10/01/2013
Registered Respiratory Therapist	National Board for Respiratory Care	10/01/2013
Pharmacist	State Board of Pharmacy	11/01/2022
Neuro-Optometry	American Board of Optometry	11/01/2022