

Applicant's Name

Position:

Home Site:

CREDENTIALING AND DEFINING SCOPE OF CLINICAL PRACTICE

BREAST SCREEN

PLEASE NOTE: Monash Health acknowledges that occasions may arise where the emergency needs of a patient require a procedure to be undertaken which falls outside the scope of clinical practice authorised for the practitioner concerned. Monash Health will support members of the Senior Medical Staff who are required to so act
***** Please note Breast Screen Fellows will be trained to perform these procedures under supervision**

Core Services:

Please indicate (with a ✓) those services that you wish to undertake on a site by site basis	MMC Clayton	MMC Moorabbin	Dandenong Hospital	Casey Hospital	Cranbourne Integrated Care Centre	Kingston Centre	Jessie McPherson Private
Inpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision of Trainee/ and or Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Core Procedures:

Please indicate (with a ✓) those procedures you wish to undertake on a site by site basis	MMC Clayton	MMC Moorabbin	Dandenong Hospital	Casey Hospital	Cranbourne Integrated Care Centre	Kingston Centre	Jessie McPherson Private
Ultrasound guided Needle Core Biopsy – of breast	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	N/A	N/A
Ultrasound guided vacuum assisted Core Biopsy- of breast	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	N/A	N/A
Stereotactic guided Needle Core Biopsy- of breast	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	N/A	N/A
Stereotactic guided vacuum assisted Core Biopsy- of breast	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	N/A	N/A
Ultrasound guided Fine Needle Aspiration/ Cyst Aspiration	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	N/A	N/A

Applicant's Name		Position:		Home Site:	
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of breast							
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Additional Procedures:							
Please indicate any additional or specific sub-specialty procedures (i.e. not included in the 'core') you wish to undertake on a site by site basis.	MMC Clayton	MMC Moorabbin	Dandenong Hospital	Casey Hospital	Cranbourne Integrated Care Centre	Kingston Centre	Jessie McPherson Private
	NA	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	N/A	N/A
	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	N/A	N/A
	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	N/A	N/A

Sign-off					
Clinician's Name:		Signature:		Date:	
Reviewed & Approved by Dept. Head:		Signature:		Date:	
Reviewed & Approved by PMD:		Signature:		Date:	
Authorised and approved by CMO:		Signature:		Date:	