

Applicant's Name

Position:

Home Site:

CREDENTIALING AND DEFINING SCOPE OF CLINICAL PRACTICE

DERMATOLOGY

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

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: Adults

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
Dermatoscopy	<input type="checkbox"/>	NA	NA	NA	NA	<input type="checkbox"/>	NA
Diathermy	<input type="checkbox"/>	NA	NA	NA	NA	<input type="checkbox"/>	NA
Excisional surgery of skin lesion	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Microscopy of skin scrapings	<input type="checkbox"/>	NA	NA	NA	NA	<input type="checkbox"/>	NA
Photodynamic therapy	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Skin biopsy	<input type="checkbox"/>	NA	NA	NA	NA	<input type="checkbox"/>	NA
Skin curettage	<input type="checkbox"/>	NA	NA	NA	NA	<input type="checkbox"/>	NA

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Ultraviolet therapy	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Wood light examination	<input type="checkbox"/>	NA	NA	NA	NA	<input type="checkbox"/>	NA

Core Procedures: Paediatrics

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
Dermoscopy	<input type="checkbox"/>	NA	NA	NA	NA	<input type="checkbox"/>	NA
Diathermy	<input type="checkbox"/>	NA	NA	NA	NA	<input type="checkbox"/>	NA
Excisional surgery of skin lesion	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Microscopy of skin scrapings	<input type="checkbox"/>	NA	NA	NA	NA	<input type="checkbox"/>	NA
Skin biopsy	<input type="checkbox"/>	NA	NA	NA	NA	<input type="checkbox"/>	NA
Skin curettage	<input type="checkbox"/>	NA	NA	NA	NA	<input type="checkbox"/>	NA
Wood light examination	<input type="checkbox"/>	NA	NA	NA	NA	<input type="checkbox"/>	NA
Paediatric excisions	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA

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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Sign-off

Clinician's Name:		Signature:		Date:	
Reviewed & Approved by Dept. Head:		Signature:		Date:	
Reviewed & Approved by PD:		Signature:		Date:	
Reviewed & Approved by CMO		Signature		Date:	