

Applicant's Name		Position		Home Site	
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CREDENTIALING AND DEFINING SCOPE OF CLINICAL PRACTICE
A CHECKLIST OF REQUESTED CORE PROCEDURES

OBSTETRICS & GYNAECOLOGY

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 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
Inpatient Services	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Outpatient Services	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Research	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Supervision of trainees and/or students	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Other Services	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>

Core Procedures (Obstetrics)

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
Administration of fetal lung maturity inducers	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Amniocentesis	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Amnio infusion	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Amniotomy or oxytocin induction	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Application of internal foetal and uterine monitors	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>

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<i>Core Procedures (Obstetrics)</i>	MMC Clayton	MMC Moorabbin	Dandenong Hospital	Casey Hospital	Cranbourne Integrated Care Centre	Kingston Centre	Jessie McPherson Private
Augmentation and induction of labour by use of oxytocin	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Caesarean Section	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Caesarean Hysterectomy	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Cervical cerclage	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
ECV	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Internal iliac artery ligation	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Low Forceps	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Mid forceps delivery, including rotations	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Management of high-risk pregnancy inclusive of such conditions as pre-eclampsia, post-datism, third trimester bleeding, intra-uterine growth retardation, premature rupture of membranes, premature labour and multiple gestation	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Management of patients with/without medical, surgical or obstetrical complications for normal labour, including mild toxæmia, threatened abortion, normal puerperal patient, normal antepartum and postpartum care, postpartum complications and foetal demise	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Management of pregnant patients with medical conditions and / or medical complications of pregnancy, including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathies, cardiac disease, anaemias and haemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy such as incomplete, complete, or missed abortion	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>

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Manual removal of placenta	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Obstetrical ultrasound	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Pudendal and paracervical blocks	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Repair of fourth degree perineal lacerations or of cervical laceration	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Use of vacuum extractor for delivery	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Vaginal birth after caesarean section	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Vaginal delivery for breech presentation	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Vaginal twin delivery	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>

<i>Core Procedures (Gynaecology):</i>							
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
Adnexal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Aspiration of breast masses	NA	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Bladder biopsy and diathermy	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA	NA	<input type="checkbox"/>
Cervical biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
Colpoceleisis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Colpoplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Colposcopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>

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<i>Core Procedures (Gynaecology):</i>	MMC Clayton	MMC Moorabbin	Dandenong Hospital	Casey Hospital	Cranbourne Integrated Care Centre	Kingston Centre	Jessie McPherson Private
Cystoscopic injection of Botulinum toxin	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA	NA	<input type="checkbox"/>
Cystoscopy as part of gynaecological procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
D&C for abortion, less than 14 weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
Delayed anal sphincter repair	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA	NA	<input type="checkbox"/>
Diagnostic laparoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diathermy Cervix	NA	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Endometrial ablation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum. Endometriosis, and adhesions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Gynaecological sonography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Gynaecology operative services including advanced laparoscopic surgery	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA	NA	<input type="checkbox"/>
Hysterectomy, abdominal, vaginal, excluding laparoscopic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Hysterosalpingography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Hysteroscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
Hysteroscopic surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
I&D of Bartholin cyst or perineal abscess	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
I&D of pelvic abscess	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Implantable neuromodulation devices (sacral and bladder)	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA	NA	<input type="checkbox"/>
Incidental appendectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Injectibles for stress continence	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA	NA	<input type="checkbox"/>

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IUD Insertion and Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
IVF procedures	NA	NA	NA	NA	NA	NA	NA
Laparotomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Laparoscopic surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
Laparoscopic pelvic floor repair incl. hysteropexy	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA	NA	<input type="checkbox"/>
Level III-IV endometriosis surgery via laparoscopy or laparotomy including bowel resection	NA	<input type="checkbox"/>	NA	NA	NA	NA	NA
Loop Electrosurgical Excision Procedure (LEEP)	NA	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Marsupialisation of Bartholin cysts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
Metroplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Microsurgery: fallopian tubes/vasectomy reversals	NA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Minor gynaecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin cyst and abscess)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
Myomectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary or cervix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Operation for sterilisation (tubal ligation)	NA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Operation for treatment of urinary stress incontinence; vaginal approach, retropubic urethral suspension. Sling procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Operations for treatment of benign pelvic disease: D&C with conization, laparotomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Operation for uterine bleeding (abnormal and dysfunctional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>

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Operative laparoscopy for pelvic pain and infertility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Ovulation induction procedures	NA	NA	NA	NA	NA	NA	NA
Repair of rectocele, enterocele, cystocele, or pelvic prolapse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Repair of urethral diverticulum	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA	NA	<input type="checkbox"/>
Sacral colpopexy – open or laparoscopic	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA	NA	<input type="checkbox"/>
TAH/Vaginal hysterectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Total laparoscopic hysterectomy including LAVH	NA	<input type="checkbox"/>	NA	NA	NA	NA	<input type="checkbox"/>
Trans cervical endometrial resection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Treatment of residual ovaries	NA	<input type="checkbox"/>	NA	NA	NA	NA	<input type="checkbox"/>
Tubal sterilisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
Tuboplasty and other infertility surgery (not microsurgical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Ureteric stenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Urethroscopy and female urodynamic evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Uterosacral vaginal vault fixation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Vaginal mesh repair including Prolift, Apogee, Perigee etc	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA	NA	<input type="checkbox"/>
Vaginal repair/sacrospincus/solpopexy surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Vesicovaginal fistula, rectovaginal fistula repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Vulvar biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
Vulvectomy, simple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>

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

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:	