

Applicant's Name

Position:

Home Site:

**CREDENTIALING AND DEFINING SCOPE OF CLINICAL PRACTICE**

**CHILD PROTECTION UNIT / VFPMS**

**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            | NA                 | NA             | NA                                | NA              | NA                       |
| Outpatient Services                                                                       | <input type="checkbox"/> | NA            | NA                 | NA             | NA                                | NA              | NA                       |
| Research                                                                                  | <input type="checkbox"/> | NA            | NA                 | NA             | NA                                | NA              | NA                       |
| Supervision of Trainee/ and or Students                                                   | <input type="checkbox"/> | NA            | NA                 | NA             | NA                                | NA              | NA                       |
| Other Services                                                                            | <input type="checkbox"/> | NA            | NA                 | NA             | NA                                | NA              | NA                       |

**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 |
|-------------------------------------------------------------------------------------------|--------------------------|---------------|--------------------|----------------|-----------------------------------|-----------------|--------------------------|
| Videocolposcopy                                                                           | <input type="checkbox"/> | NA            | NA                 | NA             | NA                                | NA              | NA                       |
|                                                                                           | <input type="checkbox"/> | NA            | NA                 | NA             | NA                                | NA              | NA                       |
|                                                                                           | <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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|--------------------|----------------|-----------------------------------|-----------------|--------------------------|
|                                                                                                                                                      |             |               |                    |                |                                   |                 |                          |

|                         |                  |                   |
|-------------------------|------------------|-------------------|
| <b>Applicant's Name</b> | <b>Position:</b> | <b>Home Site:</b> |
|-------------------------|------------------|-------------------|

|  |                          |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <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***

|                                               |  |                   |  |              |  |
|-----------------------------------------------|--|-------------------|--|--------------|--|
| <b>Clinician's Name:</b>                      |  | <b>Signature:</b> |  | <b>Date:</b> |  |
| <b>Reviewed &amp; Approved by Dept. Head:</b> |  | <b>Signature:</b> |  | <b>Date:</b> |  |
| <b>Reviewed &amp; Approved by PD:</b>         |  | <b>Signature:</b> |  | <b>Date:</b> |  |
| <b>Reviewed &amp; Approved by CMO:</b>        |  | <b>Signature:</b> |  | <b>Date:</b> |  |