

Applicant's Name

Position

Home Site

**CREDENTIALING AND DEFINING SCOPE OF CLINICAL PRACTICE**

**PAEDIATRIC HAEMATOLOGY / ONCOLOGY**

**PLEASE** Monash Health acknowledges that occasions may arise where the emergency needs of a patient require a procedure to be undertaken which falls outside the **NOTE:** 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
Administration of intravenous chemotherapy	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Administration of intrathecal chemotherapy	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Bone marrow aspiration and trephine	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Lumbar puncture – diagnostic and treatment	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Administration of all blood products	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Access and care of all CVC types in paediatric oncology	<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	MMC Clayton	MMC Moorabbin	Dandenong Hospital	Casey Hospital	Cranbourne Integrated	Kingston Centre	Jessie McPherson

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site basis.					Care Centre		Private
	<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

*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:	