MONASHDOCTORS
MonashHealth

Applicant's Name		Position:		Home Site:	

CREDENTIALING AND DEFINING SCOPE OF CLINICAL PRACTICE

PAEDIATRIC INFECTIOUS DISEASES

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	☐	☐	☐	☐	☐	☐	☐
Outpatient Services	☐	☐	☐	☐	☐	☐	☐
Research	☐	☐	☐	☐	☐	☐	☐
Supervision of Trainee/ and or Students	☐	☐	☐	☐	☐	☐	☐
Other Services	☐	☐	☐	☐	☐	☐	☐

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
No procedures performed	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐

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

Applicant's Name		Position:		Home Site:	

	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐

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:**	