

**Deaconess Health System**  
**EXTERNAL PROCTOR AUTHORIZATION**

Proposed Proctor (full name and title): \_\_\_\_\_

Office Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Medical School: \_\_\_\_\_ Grad: \_\_\_\_\_

License #: \_\_\_\_\_ State: \_\_\_\_\_ Specialty: \_\_\_\_\_

Primary Practice Facility (include address and phone information for Medical Staff Office):  
\_\_\_\_\_

Describe the procedures to be proctored:  
\_\_\_\_\_  
\_\_\_\_\_

Practitioner(s) to be proctored: \_\_\_\_\_

Period of time for which authorization is requested (specific dates required): \_\_\_\_\_

**The following documentation is required prior to authorization:**

- Letter should be submitted directly to Deaconess Hospital Medical Staff Office from the primary practice facility indicating that the proposed proctor is currently in good standing with his/her primary practice facility, possessed the clinical privileges to perform the procedures to be proctored, and that he/she has previously successfully performed at least 20 of the procedures to be proctored.
- Submit signed copy of “Deaconess Health System, Inc. Consent, Undertaking and Release of Liability” (Medical Staff Office to send to potential proctor; authorizes Medical Staff office to obtain NBDB report and Back Ground Check.)
- A copy of the *curriculum vitae* of the proposed proctor
- If sponsored by a vendor, documentation from the vendor indicating you are an approved proctor
- Copy of a government issued ID
- NPDB report (Deaconess Health Plans or designee will obtain)
- Verification of licensure (Deaconess Health Plans or designee will obtain)
- Back Ground Check Report (Deaconess Health Plans or designee will obtain)

External Proctor authorization may be granted to a physician who is not a member of the Medical Staff to visit Deaconess Hospital for the purpose of proctoring a member performing a procedure with the use of new technology. An individual granted External Proctor authorization may not admit, treat, examine, consult, write or give verbal orders, perform or assist (except verbally) with procedures, write in the medical record, or otherwise participate directly in the care of any patient. The Medical Staff President, CMO or Credentials Committee may grant authorization after receipt of the required information. A physician granted authorization shall not be a member of the Medical Staff, shall not have access to any of the rights or prerogatives of membership, and shall abide by all applicable hospital and Medical Staff Bylaws, Rules and Regulations and other governance documents. Such authorization may be granted for a period of up to one year.

*I have read the terms of the External Proctor authorization, as stated above, and agree to abide by them.*

Signature of Proposed Proctor \_\_\_\_\_

Date \_\_\_\_\_

Authorization is granted from \_\_\_\_\_ until \_\_\_\_\_.

Approved by Medical Staff President, CMO or Credentials Committee.  
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