SURGICAL STAFF IDENTIFICATION

AAAASFI recognizes that significant differences exist in all countries related to the qualifications of surgical clinic staff. AAAASFI wants to assure that appropriate requirements are met for accreditation. All physicians working in the surgery facility have completed appropriate medical and surgical training to perform the procedures in their specialty. Where licensure exists, all physicians must be licensed; where specialty certification exists, all physicians must have appropriate certificates. If non-physicians use the facility (such as podiatrists) they must be appropriately trained and must be licensed or certified where possible. Where applicable, no physician may perform a procedure in the surgery facility that he/she does not have privileges to perform in a local hospital.

Physician/Dentist: ____________________________________________________________
Specialty(s): ________________________________
License # _________________________________
Has privileges at local accredited or licensed acute care hospital for all procedures done at this facility: Yes ________ No ________

Physician/Dentist: ____________________________________________________________
Specialty(s): ________________________________
License # _________________________________
Has privileges at local accredited or licensed acute care hospital for all procedures done at this facility: Yes ________ No ________

Physician/Dentist: ____________________________________________________________
Specialty(s): ________________________________
License # _________________________________
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Specialty(s): ________________________________ 
License # ________________________________ 
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Yes _______  No _________

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License # ________________________________ 
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Yes _______  No _________

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Specialty(s): ________________________________ 
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Yes _______  No _________

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Specialty(s): ________________________________ 
License # ________________________________ 
Has privileges at local accredited or licensed acute care hospital for all procedures done at this facility: 
Yes _______  No _________

Physician/Dentist: ______________________________ 
Specialty(s): ________________________________ 
License # ________________________________ 
Has privileges at local accredited or licensed acute care hospital for all procedures done at this facility: 
Yes _______  No _________