Specialist Agreement

Please select the type of applicant you would like to support:

- ◯ **Visiting Specialist**
- ◯ **Fellow / Registered Medical Officer**
- ◯ **Medical Student**

Please select the type of privileges

- ◯ **Assisting**
- ◯ **Observing**

In order to grant credentialing for an applicant we require a MercyAscot Credentialed Specialist to provide written confirmation as set out below.

I agree that:

- I will be solely responsible for the acts and omissions of the Applicant set out above while the Applicant is on site at MercyAscot, and I will ensure that the Applicant complies with the MercyAscot Specialist Bylaws and all applicable policies and procedures while on site.
- The Applicant will be under my direct, active and constant supervision and oversight at all times that the Applicant is on site.

I acknowledge that:

- The Applicant will only be permitted to practice medicine in any form at a MercyAscot facility if they are granted appropriate privileges by MercyAscot.
- Any such privileges granted by MercyAscot will apply only to such procedures, on such dates and at such a facility, as are approved by MercyAscot in writing.
- Any such privileges may be revoked at any time by the Chief Executive Officer or the Chief Medical Officer.
- I am responsible for ensuring that any health services provided by me meet the requirements of the Code of Health and Disability Services Consumers' Rights, including that the relevant patient has been fully informed and has consented to the Applicant observing and/or assisting (depending on the credentials granted) with the relevant procedure, and ensuring that the health services are provided with reasonable care and skill. Accordingly, even though appropriate credentials may have been granted to the Applicant, I am responsible for deciding whether in the circumstances, it is appropriate for the Applicant to observe and/or assist with a specific procedure.
- This agreement does not allow the applicant to operate. Applicant would need explicit consent and agreement from MercyAscot.
- Medical Students need written approval from their Medical School and Specialists need to follow MCNZ and University guidelines : https://nzmj.org.nz/media/pages/journal/vol-136-no-1579/informed-consent-for-medical-student-involvement-in-patient-care-an-updated-consensus-statement/2991bdb558-1696471823/informed-consent-for-medical-student-involvement-in-patient-care-an-updated-consensus-statement.pdf
- PGY1 – Medical Practitioners need to provide written approval from their Hospital Supervisor.
- Applicants will need to have obtained approval from their current employer permitting attendance at MercyAscot sites during their usual employment time.

Please confirm this form by signing below and providing this completed form to the Applicant for them to submit with their application

I, _____

(Please print name of supervising MercyAscot Credentialed Specialist)

agree to the above mentioned terms and confirm that the Applicant

_____

(Please print name of applicant)

will be under my direct supervision and oversight at all times.

Signature: _____ **Date:** _____

(DD/MM/YYYY)