

EXTERNAL PROCTOR AUTHORIZATION
Methodist Healthcare – Memphis Hospitals
1265 Union Avenue, Suite E177, Memphis, TN 38104
(Fax to: Medical Staff Services 901-385-5225)

Name: _____

Office Address: _____ Phone: _____

Date of Birth: _____ SS# _____ Medical School: _____ Grad: _____

License # _____ State: _____ Specialty: _____

Primary Practice Hospital (include address and phone information): _____

Describe the procedures you propose to proctor at a MH-MH facility:

MH-MH Member(s) to be proctored: _____

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

The following documentation is required prior to authorization:

- Letter submitted directly to MH-MH from your primary practice facility indicating you are currently in good standing with your primary practice hospital, possess the clinical privileges to perform the procedures for which you wish to advise our medical staff, and that you previously have successfully performed at least 20 of the procedures that you will be proctoring at MHMH.
- If sponsored by a vendor, documentation from the vendor indicating you are an approved proctor
- Notarized copy of government issued ID
- NPDB report (Medical Staff Services will obtain)
- Verification of licensure (Medical Staff Services will obtain)

External Proctor authorization may be granted to a physician or dentist who is not a member of the Medical Staff to visit MH-MH facilities 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 President, Medical Staff President or Chief of Staff (may grant authorization after receipt of the required information. A physician or dentist 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.

Applicant _____ Date _____

Authorization is granted from _____ until _____.

President/Medical Staff President/Chief of Staff _____ Date _____

Approved: