

**CREDENTIALING AND RE-PRIVILEGING COMMITTEE
(CRC) APPLICATION FORM**

SURGERY - ORTHOPAEDICS

PHYSICIAN'S NAME : _____

DEPARTMENT : **SURGERY**

DIVISION (IF ANY) : **ORTHOPAEDIC SURGERY**

SPECIALTY (IF ANY) : **ORTHOPAEDIC SURGERY**

DATE APPLIED : _____

NOTE: At the time of a life-threatening clinical emergency, any practitioner may render whatever care he/she believes to be indicated regardless of the extent of his/her granted privileges, if expertise not available.

THE FOLLOWING LIST OF PROCEDURES IS GRANTED BY THE CRC COMMITTEE AS PART OF YOUR DUTIES AS MEMBER OF THE MEDICAL STAFF OF TAWAM HOSPITAL.

Note: (DO NOT MARK AN "X" IN MORE THAN ONE COLUMN FOR EACH PROCEDURE INDICATED)

PROCEDURES	ESTIMATE # OF PROCEDURES DONE IN THE PAST 5 YEARS	SOLE MANAGEMENT	ONLY WITH SUPERVISION	ASSIST ONLY
Fractures and dislocations of limbs and pelvis				
Lacerations and disruptions of tendons, nerves and ligaments of limbs and joints.				
Amputation of limbs of various levels.				
Arthrodesis of various joints of the limbs				
Osteotomies of limbs				
Arthroplasty of hips and knees				
Arthroscopy simple diagnostic and simple procedures				
Infections acute and chronic of bones and joints				
Hand surgery simple e.g.ganglions and C.T. release				
Foot surgery e.g. bunons, metatarsal osteotomies				
Tumours e.g. simple amputations, prophylactic mailing				
Paediatric e.g. fixation of slipped proximal femoral epiphysis, club feet				
Fractures and dislocations of spine and acetabulum and pelvis				
Microsurgery				
1. Nerve and brachial plexus repairs				
2. Limb salvage				
3. Free pedicle flaps				
4. Digit transfers				
Arthrodesis of the hip joint				
Osteotomies of the pelvis				
Arthroplasty of shoulders, elbow and ankles				
Advanced Arthroscopy e.g. ligament and capsular, repair of shoulder, elbow, wrists, hips and ankles				
Hand surgery reconstruction e.g. joint replacements and tendon transfers				
Foot Surgery Reconstruction , e.g. triple arthrodesis and tendon transfers				
Tumours advanced limb salvage				
Pediatric advanced e.g. femoral and various pelvic osteotomies				



Please attach to this form the following document/s:
 Evidence of level of training & expertise attained to carry out the requested procedures.

ADDITIONAL CLINICAL PRIVILEGES (Special Procedures)
(type detailed description) USE SEPARATE SHEET OF PAPER IF REQUIRED & ATTACH TO THIS SHEET

IF AT ANY STAGE YOU WISH TO PERFORM ANY SURGICAL OR THERAPEUTIC PROCEDURE WHICH IS NOT LISTED IN THIS APPLICATION, YOU MUST REFER IT TO THE CREDENTIALS & APPOINTMENT COMMITTEE

SIGNATURES

MEDICAL STAFF NAME : _____ DATE : _____

 SIGNATURE

HEAD, DIVISION (IF ANY) _____ DATE : _____

 SIGNATURE

HEAD, DEPARTMENT : _____ DATE ; _____

 SIGNATURE

CHAIRMAN : _____ DATE : _____
 CREDENTIALS & APPOINTMENT
 COMMITTEE _____
 SIGNATURE

MEDICAL DIRECTOR : _____ DATE : _____

 SIGNATURE

HOSPITAL DIRECTOR/CEO : _____ DATE : _____

 SIGNATURE