



POLICY ON
ALLIED HEALTH PROFESSIONAL
AND DEPENDENT PRACTITIONER -
APPOINTMENT, REAPPOINTMENT &
CLINICAL PRIVILEGES

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ARTICLE 1: ALLIED HEALTH PROFESSIONALS

1.1 Definition

An Allied Health Professional (AHP) is a licensed or certified individual, other than a licensed Physician, Podiatrist or Oral Maxillofacial Surgeon, who exercises independent judgement within the areas of his/her professional competency and who is qualified to render direct or indirect medical or surgical care in the Organization. AHP's at Parkview Logansport Hospital can include Dentists (DDS), Chiropractors (DC), or Optometrists (OD). AHP's are governed by the current Parkview Logansport Hospital corporate Bylaws and by the Bylaws, Rules and Regulations and Policies of the Medical Staff. AHP's are affiliates of the Medical Staff and are not members of the Medical Staff. AHP's cannot admit patients to the hospital.

1.2 Qualifications

Only Allied Health Professionals (AHPs) who satisfy the following conditions shall be qualified for appointment to the AHP staff to provide specified services in the hospital:

- 1.2-1** Currently hold a license or certificate as required by Indiana State law to function independently;
- 1.2-2** Document their expertise, background, training, demonstrated ability, physical health status and, upon request of the Credentials Committee, Medical Executive Committee or of the Board, mental health status with sufficient adequacy to demonstrate that any patient treated by them will receive care of the generally recognized professional level of quality and efficiency and that they are qualified to provide a needed service within the Hospital or Organization (provided, however, that the above evaluation of physical health status and mental health status shall be conducted in a manner consistent with compliance with the Americans with Disability Act);
- 1.2-3** Allied Health Professionals must provide evidence of current board certification:
 - A. Dentists must be board certified by the American Board of General Dentistry (ABGD) or a certifying board that is a member of the American Board of Dental Specialties (ABDS).
 - B. Chiropractors must be board certified by the American Board of Chiropractic Specialties (ABCS) or a certifying board that is recognized by the ABCS).
 - C. Optometrists must be board certified by the American Board of Optometry (ABO).
- 1.2-4** Are determined, on the basis of documented references, to adhere strictly to the ethics of their respective professions as applicable and work cooperatively with others; and
- 1.2-5** Must provide evidence of current, valid professional liability insurance coverage in terms and amounts satisfactory to the hospital, to include participation in the Indiana Patient Compensation Fund.

Where appropriate, the Board of Directors may establish particular qualifications required of appointees of a specific category of AHP's, provided that such qualifications are not founded on an arbitrary or discriminatory basis and are in conformance with applicable law.

1.3 No Entitlement to Appointment

No individual shall be entitled to appointment to the AHP staff or to the exercise of clinical privileges in the Organization merely by virtue of the fact that such individual:

- 1.3-1 Is licensed to practice a profession in this or any other state;
- 1.3-2 Is a member of any particular professional organization;
- 1.3-3 Is certified by any clinical board; or
- 1.3-4 Has had in the past or currently has AHP staff appointment or privileges at any hospital.

1.4 Non-Discrimination Policy

No aspect of AHP staff appointment or particular clinical privileges shall be denied on the basis of sex, gender, race, age, creed, color, national origin, handicap, disability, religion, ancestry, status as a veteran, or on the basis of any other criterion unrelated to the delivery of quality patient care in the Organization, to professional qualifications, to the Organization's purposes, needs and capabilities, or to community need.

1.5 Procedure for Appointment/Reappointment

An application for specified services for an AHP must be submitted on a form provided by the Organization. The procedure for evaluation, appointment and reappointment of AHP's shall be the same procedure as provided for the members of the Medical Staff, including an assessment and report by the Section Chief. Under no circumstances shall any decision made by the Credentials Committee, the Medical Executive Committee, or the Board under this Section 1.5 be deemed to constitute a professional review action or disciplinary action of any kind, and shall not give rise to any hearing or appeal rights. Allied Health Professionals may be eligible to be granted Temporary Clinical Privileges, following the same template as described in the policy on Medical Staff Appointment, Reappointment and Clinical Privileges, Section 1.7

1.6 Prerogatives

The prerogatives of an Allied Health Professional are:

- 1.6-1 Subject to any licensure requirements or other legal limitations, may exercise independent judgement within the areas of his/her professional competence, and may participate directly in the medical management of patients;
- 1.6-2 Write orders to the extent established by the Governing Board, but not beyond the scope of the AHP's license, certificate or other legal credential;
- 1.6-3 May attend meetings of the Medical Staff Section to which he/she is assigned, and hospital education programs;
- 1.6-4 Exercise such other prerogatives as shall, by resolution or written policy duly adopted by the Medical Staff or by any of its Sections or Committees and approved by the Medical Executive Committee and by the Board, be accorded to AHP's as a group or to any specific category of AHP's, such as the right to vote on specific matters, the right to participate in the appropriate Medical Staff Section, or any other prerogatives for which medical education, training and experience, beyond that which AHP can demonstrate, is not a prerequisite.

1.7 Responsibilities

Each AHP shall:

- 1.7-1 Retain appropriate responsibility within his/her area of professional competence for the care and supervision of each patient in the Organization for whom he/she is providing services, or arrange a suitable alternative for such care and supervision;
- 1.7-2 Participate as appropriate in patient care evaluation and monitoring activities required by the staff, in supervising initial appointees of his/her same profession during the observation period, and in discharging such other staff functions as may be required from time to time.

1.8 Conditions of Practice

- 1.8-1 Surgical procedures performed by AHP's shall be under the overall supervision of the Chief of Surgery or his/her designee. All patients shall receive the same basic medical appraisal as patients receiving other surgical services. A Physician appointee of the Medical Staff shall be responsible for the care of any medical problem that may be present at the time of admission or that may arise during hospitalization and shall determine the risk and effect of the proposed surgical procedure on the total health status of the patient.
- 1.8-2 AHP's shall practice at the discretion of and subject to the approval of the Governing Board and thus may be terminated at will by the Governing Board and shall not be covered by the due process provisions of the Medical Staff or the corporate Bylaws. However, an AHP shall have the right to appear personally before the Credentials Committee to discuss the clinical privileges recommended by the Committee before recommendation is transmitted to the Governing Board.
- 1.8-3 AHP's shall not be entitled to the rights, privileges and responsibilities of appointment of the Medical Staff and may only engage in acts within the scope of practice or clinical privileges specifically granted by the Governing Board.
- 1.8-4 AHP's may not hold office.
- 1.8-5 Voting rights of AHP's are determined by the Section's, subject to approval of the Medical Executive Committee as per the Medical Staff Bylaw's Article 5.3.
- 1.8-6 AHP's shall have their patient care services evaluated by the Section Chairman per the FPPE/OPPE process.
- 1.8-7 **Times of Emergency and/or Disaster:** As part of emergency preparedness, where the hospital might be flooded with patients and the need is present for additional Allied Health Professional help, the hospital shall follow policy #1476, "Disaster Credentialing" along with ACHC standards 03.01.17 and 09.01.09, in regard to providing temporary privileges for AHPs not already on the hospital staff.

ARTICLE 2: DEPENDENT PRACTITIONERS

2.1 Definition

A Dependent Practitioner is an individual who is licensed, certified or holds other such credential as required by Indiana State law or the Hospital, who is qualified to render patient care services under the direct supervision and sponsorship of a member of the Medical Staff who has been accorded privileges to attend patients in the Hospital or Organization in the same clinical specialty. Dependent Practitioners at Parkview Logansport Hospital include Nurse Practitioners, Certified Registered Nurse Anesthetists, and Physician Assistants. Dependent Practitioners are governed by the current Parkview Logansport Hospital corporate Bylaws and by the Bylaws, Rules and Regulations of the Medical Staff. These professionals are not members in any way of the Medical Staff, but are only monitored by the Medical Staff. Dependent Practitioners cannot admit patients to the hospital.

2.2 Qualifications

Only Dependent Practitioners who satisfy the following conditions shall be qualified for appointment to the Dependent Practitioner staff to provide specified services in the Hospital or Organization:

- 2.2-1 Document their expertise, background, training, demonstrated ability, physical health status and, upon request of the Credentials Committee, Medical Executive Committee or of the Board, mental health status with sufficient adequacy to demonstrate that any patient treated by them will receive care of the generally recognized professional level of quality and efficiency and that they are qualified to provide a needed service within the Hospital or Organization (provided, however, that the above evaluation of physical health status and mental health status shall be conducted in a manner consistent with compliance with the Americans with Disability Act);
- 2.2-2 Dependent Practitioners must provide evidence of current certification:
 - A. Nurse Practitioners must be certified by a program that is accredited by the Accreditation Board for Specialty Nursing Certification (ABSNC) or the National Commission for Certifying Agencies (NCCA), (i.e. the American Nurses Credentialing Center (ANCC), the Certification Organization for the American Association of Critical-Care Nurses (AACN) or the American Academy of Nurse Practitioners Certification Board (AANPCB).
 - B. Certified Registered Nurse Anesthetists must be certified by the National Board of Certification & Recertification for Nurse Anesthetists (NBCRNA).
 - C. Physician Assistants must be certified by the National Commission on Certification of Physician Assistants (NCCPA).
- 2.2-3 Are determined, on the basis of documented references, to adhere strictly to the ethics of their respective professions as applicable and to work cooperatively with others; and
- 2.2-4 Must provide evidence of current, valid professional liability insurance coverage in terms and amounts satisfactory to the hospital, to include participation in the Indiana Patient Compensation Fund.

Where appropriate, the Governing Board may establish particular qualifications required of appointees to the Dependent Practitioner Staff, provided that such qualifications are not founded on an arbitrary or discriminatory basis and are in conformance with applicable law.

2.3 No Entitlement to Appointment

No individual shall be entitled to appointment to the Dependent Practitioner Staff or to the exercise of particular clinical privileges in the hospital or Organization merely by virtue of the fact that such individual:

- 2.3-1** Is licensed to practice a profession in this or any other state;
- 2.3-2** Is a member of any particular professional organization;
- 2.3-3** Is certified by any clinical board; or has had in the past or currently has Dependent Practitioner staff appointment or privileges at any other organization.

2.4 Non-Discrimination Policy

No aspect of Dependent Practitioner staff appointment or particular clinical privileges shall be denied on the basis of sex, gender, race, age, creed, color, national origin, handicap, disability, religion, ancestry, status as a veteran, or on the basis of any other criterion unrelated to the delivery of quality patient care in the hospital, to professional qualifications, to the Organization's purposes, needs and capabilities, or to community need.

2.5 Procedure for Appointment/Reappointment

- 2.5-1** To the extent that the Governing Board determines to permit such Dependent Practitioners to act at the Organization, no such individual shall provide services at the Organization as a Dependent Practitioner unless and until the Credentials Committee has received, on a form provided by the hospital, sufficient information about the qualifications of that individual to permit the Credentials Committee to recommend the scope of activities the individual will be permitted to undertake at the Organization. The form shall be prepared and signed by the applicant and the individual's sponsoring Provider, as appropriate.
- 2.5-2** The Credentials Committee, on the recommendation of the Chief of the applicable clinical section, shall recommend to the Governing Board a written delineation of the scope of activities each Dependent Practitioner is permitted to undertake at the Organization.
- 2.5-3** Under no circumstances shall any decision made by the Credentials Committee, the Medical Executive Committee, or the Governing Board under this Section 2.5 be deemed to constitute a professional review action of any kind, and shall not give rise to any hearing or appeal rights.
- 2.5-4** Dependent Practitioners may be eligible to be granted Temporary Clinical Privileges, following the same template as described in the policy on Medical Staff Appointment, Reappointment and Clinical Privileges, Section 1.7

2.6 Locum Procedure

Upon receipt of a completed application and all required documentation and approvals, Enterprise Credentialing will:

1. Perform verification by primary source and in accordance with Medical Staff credentialing policies to include:
 - a. Enter and verify state licenses from a minimum of 3 states, if applicable, where applicant most recently practiced, and any license applicant reported as having been challenged
 - b. Relevant training and/or experience will be verified by NSCH or GME office
 - (1) Graduate and Undergraduate degree
 - (2) Enter all education into MSOW
 - c. Any information related to involuntary termination of medical staff membership, limitation, reduction, denial, or loss of clinical privileges requested.
 - d. Hospital affiliations - Current competence and ability to perform privileges requested*
*Note: Due to the typically large number of facilities where locum services are provided, the number of facilities entered into the database and queried is limited to 3 recent hospital affiliations offering length of service to support current competency evaluations. Facilities will be selected from different states, as applicable to coincide with state license verifications.
 - e. Specialty certification, as applicable
 - f. National Practitioner Data Bank (NPDB) query
 - g. OIG query
 - h. SAM query
 - i. Medicare Opt Out
2. Obtain current Malpractice Certificate of Insurance
3. Obtain required certifications (ACLS & PALS) and Case Logs as required per the privilege form
4. Peer References – Need 3 Peer, 1 should be from most recent assignment as applicable
5. Only Gaps that are within the timeframe for current competency will need to be addressed

2.7 Conditions of Practice

- 2.7-1** Dependent Practitioners shall practice at the hospital at the discretion of the Governing Board and subject to the approval of the Governing Board and may be terminated at will by the Governing Board. Neither the Dependent Practitioner nor the sponsoring Provider shall be entitled to any hearing or appeal upon such termination.
- 2.7-2** Dependent Practitioners shall not be entitled to the rights, privileges, and responsibilities of appointment to the Medical Staff and may only engage in acts within the scope of activities specifically granted by the Governing Board.
- 2.7-3** Any patient services permitted by the Governing Board to be done at the Organization by a Dependent Practitioner shall be done only under the direct and immediate supervision of that individual's sponsoring Provider. However, "direct and immediate supervision" shall not require the actual physical presence of the

sponsoring Provider as long as the sponsoring Provider is physically available for immediate diagnosis and treatment of emergencies, as stipulated in the Medical Staff Bylaws; Article 2.2-1C. Should any Hospital employee have any question regarding the scope of activities granted to a Dependent Practitioner as per Article 2.5-2, such information is available on the Hospital Portal. At all times, the supervising Provider will remain responsible for all acts of the Dependent Practitioner while at the Organization.

- 2.7-4 It shall be the responsibility of the Dependent Practitioner to provide professional liability insurance in amounts required by the Governing Board that covers any activities of the Dependent Practitioner at the Organization, and to furnish evidence of such to the Hospital. The Dependent Practitioner shall act at the Organization only while such coverage is in effect.
- 2.7-5 Dependent Practitioners shall have their patient care services evaluated by the Section Chairman per the FPPE/OPPE process.
- 2.7-6 Appointment to the Dependent Practitioner Staff shall terminate with the sponsoring Provider's termination of Medical Staff appointment or at such time the Dependent Practitioner is no longer sponsored by the Provider.
- 2.7-7 Appointees to the Dependent Practitioner Staff may not hold office.
- 2.7-8 Voting rights of Dependent Practitioners are determined by the Section's, subject to approval of the Medical Executive Committee as per the Medical Staff Bylaw's Article 5.3.
- 2.7-9 Prescriptive Authority: Dependent Practitioners may prescribe legend drugs only in accordance with the prescriptive authority granted to them by the state of Indiana. Dependent Practitioners wishing to prescribe controlled substances must obtain an Indiana controlled substances registration and a federal Drug Enforcement Administration registration.
- 2.7-10 **Times of Emergency and/or Disaster:** As part of emergency preparedness, where the hospital might be flooded with patients and the need is present for additional Dependent Practitioner help, the hospital shall follow policy #1476, "Disaster Credentialing" along with ACHC standards 03.01.17 and 09.01.09, in regard to providing temporary privileges for DPs not already on the hospital staff.

ARTICLE 3: ALLIED HEALTH DEPENDENT PRACTITIONER/CERTIFIED SURGICAL FIRST ASSIST

3.1 Definition

Dependent Allied Health Practitioners are not eligible for Medical Staff privileges but by virtue of their experience, education, training, licensure, and/or demonstrated competence are qualified to provide services to patients. Dependent Allied Health Practitioners do not initiate and/or terminate treatment without either the direct supervision of a Medical Staff member or the guidance of an established protocol approved by their Sponsor and the Medical Staff. Dependent Allied Health Practitioners may be employed by their Sponsor, have a defined Hospital specific Scope of Practice, and do not bill patients for their services under their own provider number. Examples of Dependent Allied Health Practitioners include surgical technicians who assist their Medical Staff member Sponsor in the operating room and registered nurses who assist their medical staff member Sponsor in the hospital setting. Dependent AHP's are not credentialed through the Medical Staff but are given "Authorization" to provide services to

patients in accordance with their license and Scope of Practice, similar to the corresponding Hospital job description.

3.2 Qualifications

Dependent Allied Health Practitioners qualifications are laid out in the scope of practice, and are specified by specialty.

3.3 Non-Discrimination Policy

No aspect of AHP staff appointment or particular clinical privileges shall be denied on the basis of sex, gender, race, age, creed, color, national origin, handicap, disability, religion, ancestry, status as a veteran, or on the basis of any other criterion unrelated to the delivery of quality patient care in the Organization, to professional qualifications, to the Organization's purposes, needs and capabilities, or to community need.

ARTICLE 4: AMENDMENTS

4.1 This policy may be amended by majority vote of the members of the Medical Executive Committee present and voting at any meeting of that Committee where a quorum exists, provided the written recommendations of the Credentials Committee concerning the proposed amendments shall have first been received and reviewed by the Medical Executive Committee. No such amendment shall be effective unless and until it has been approved by the Governing Board.

4.2 This policy may also be amended by the Governing Board on its own motion provided that any such amendment is first submitted to the Credentials and Medical Executive Committee of the Medical Staff for review and comment at least (30) days prior to any final action by the Governing Board on such amendment. Instances where such action by the Governing Board may be warranted shall include:

- 4.2-1** Action to comply with changes in Federal and State laws that affect this Hospital and the Hospital Corporation, including any of its entities; and
- 4.2-2** Action to comply with State licensure requirements, ACHC Accreditation Standards, and Medicare/Medicaid Conditions of Participation for Hospitals.

ARTICLE 5: ADOPTION

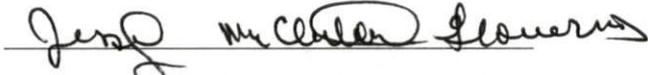
This policy is adopted and made effective upon approval of the Governing Board, superseding and replacing any and all other Hospital policies pertaining to the subject thereof, and henceforth all activities and actions of the Allied Health Professional and Dependent Practitioner Staff and of each individual exercising clinical privileges at this Organization shall be taken under and pursuant to the requirements of this Policy.

- Amended by the Medical **Executive Committee** on January 8, 2026.



Timothy Hall, M.D.
Chief of Staff

- Approved by the Board of Directors on February 23, 2026.

A handwritten signature in black ink, reading "Jessica McClintock Glover", written over a horizontal line.

Jessica McClintock Glover, M.D.
Chair of the Board

Approved by the Board of Trustees/Directors: 11/19/07; 3/16/09; 3/26/12; 6/24/13; 5/22/17; 7/27/20; 6/26/23; 8/28/2023; 8/25/2025, 02/23/2026