

Loma Linda University Medical Center
 Allied Health Professional
 Speech Language Pathologist – Practice Privilege Request Form

Print Practitioner Name: _____

Location of Planned Practice: _____ License # _____

REQUESTED		General Practice Privileges	ACTION		
YES	No		Approved	Conditions	Defer
		Provide screening, identification, assessment, diagnosis, treatment, intervention (i.e., prevention, restoration, amelioration, compensation) and follow-up services for disorders of: <ul style="list-style-type: none"> ▪ Speech; articulation, fluency, voice (including respiration, phonation, and resonance) ▪ Language (involving the parameters of phonology, morphology, syntax, semantics, and pragmatics; including disorders of receptive and expressive communication in oral, written, graphic and manual modalities) ▪ Oral, pharyngeal, cervical esophageal, and related functions (e.g., dysphasia, including disorders of swallowing and oral function for feeding; orofacial myofunctional disorders) ▪ Cognitive aspects of communication (including communication disability and other functional disabilities associated with cognitive impairment) ▪ Social aspects of communication opportunities (including challenging behavior, ineffective social skills, lack of communication opportunities) 			
		Provide evaluation and counseling, and making referrals when appropriate			
		Train and support family members and other communication partners of individuals with speech, voice, language, communication, and swallowing disabilities			
		Develop and establish effective augmentative and alternative communication techniques and strategies, including selecting, recommending aids and devices and training individuals, their families and other communication partners in their use			
		Use instrumental technology to diagnose and treat disorders of communication and swallowing (e.g., videofluoroscopy, nasendoscopy, stroboscopy)			
		Enhance speech and language proficiency and communication effectiveness, including but not limited to accent reduction, collaboration with teachers of English as a second language, and improvement of voice performance, and singing			
		Train and supervise support personnel			

Print Practitioner Name _____

Acknowledgment of AHP

In accordance with the provisions of Section 3055 of the Business and Professions Code, I am licensed as a Speech Language Pathologist in the State of California and subject to the Laws and the rules and regulations of the California licensing agency. I acknowledge that I have received a copy of the Medical Staff Bylaws and Rules and Regulations, and agree to be bound by the terms of the Bylaws and Policies of the Medical Staff and of the Hospital and all other manuals and policies relevant to practice privileges at Loma Linda University Medical Center under the AHP category.

I have requested only those specific practice privileges for which by education, training, current experience and demonstrated performance for which I am qualified and wish to exercise at Loma Linda University Medical Center, Inc.; **and**

I understand that in exercising any practice privileges granted, I am constrained by any Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

Applicant Signature

Date

RECOMMENDED BY:

Supervising Physician Signature

Date

Service Chief Signature

Date

Credentials Committee Chair

Date

Medical Staff Executive Committee Chair

Date

Governing Board Officer/Designee

Date