

**Supervising Member Agreement
Allied Health Professional**

(To be included with application from the affected Allied Health Professional and signed by principal and all designated alternates, where applicable.)

In supervising _____ in providing services on Hospital premises, I agree:

To accept full legal and ethical responsibility for the Allied Health Professional's performance of the duties and acts authorized for him/her while under my supervision;

To accept responsibility for the proper conduct of the Allied Health Professional within the Hospital, for the Allied Health Professional's observance of all bylaws, policies and rules of the Hospital and Medical Staff, and for the correction and resolution of any problems that may arise;

To abide by all bylaws, policies and rules governing the use of Allied Health Professionals in this Hospital, including refraining from requesting that the Allied Health Professional provide services beyond, or that might reasonably be construed as being beyond, his/her authorized scope of practice in the Hospital;

To immediately notify the Chief Executive Officer, or his or her designee, in the event any of the following occur:

- (a) My approval to supervise the Allied Health Professional is revoked, limited, or otherwise altered by action of the State Medical Board and applicable Certification Programs;
- (b) My clinical privileges, needed to supervise The Allied Health Professional, are suspended or revoked.
- (c) Notification is given to me of investigation of my supervision of the Allied Health Professional by the New York State Medical Board or applicable Certification Program;
- (d) The employment status of the Allied Health Professional changes;
- (e) The Allied Health Professional's authorized scope of practice changes, or the Allied Health Professional is under investigation by the New York State Medical Board or applicable Certification Program;
- (f) My professional liability insurance coverage is changed insofar as coverage of the acts of the Allied Health Professional are concerned;

To comply with all regulations of the New York State Medical Board and Certification Program with respect to my supervision of the Allied Health Professional specifically including (but not limited to) such regulations as have been (or may, from time to time, be) adopted by said Board with respect to (a) billing for the services of such Allied Health Professional, and (b) requirements for supervision of said Allied Health Professional with respect to the type and scope of services such Allied Health Professional is approved to perform by the Board.

Date

Principal Supervising Physician

Date

Alternate Supervising Physician

Date

Alternate Supervising Physician