



SCOPE OF SERVICES
Hospitalist

Last Name	First Name	Middle Name
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Check appropriate box indicating which clinical capabilities you are able to perform

Please list any limitations on a separate sheet

Subspecialties	
<input type="checkbox"/>	Adolescent Medicine
<input type="checkbox"/>	Cardiology / Cardiovascular Disease
<input type="checkbox"/>	Cardiology / Interventional
<input type="checkbox"/>	Cardiac Electrophysiology
<input type="checkbox"/>	Critical Care Medicine
<input type="checkbox"/>	Endocrinology / Diabetes Management
<input type="checkbox"/>	Infectious Disease
<input type="checkbox"/>	Internal Medicine
<input type="checkbox"/>	Gastroenterology
<input type="checkbox"/>	General Surgery
<input type="checkbox"/>	Geriatric Medicine
<input type="checkbox"/>	Hematology
<input type="checkbox"/>	Hospitalist
<input type="checkbox"/>	Integrative Medicine
<input type="checkbox"/>	Nephrology
<input type="checkbox"/>	Oncology
<input type="checkbox"/>	Pediatrics
<input type="checkbox"/>	Pulmonology Medicine
<input type="checkbox"/>	Rheumatology
<input type="checkbox"/>	Sleep Medicine
<input type="checkbox"/>	Sports Medicine

Please Check Procedures that you are comfortable with	
<input type="checkbox"/>	Advanced Cardiac Life Support
<input type="checkbox"/>	Abdominal Paracentesis
<input type="checkbox"/>	Ambulatory Blood Pressure Monitoring
<input type="checkbox"/>	Arterial Puncture for Blood Gas Analysis
<input type="checkbox"/>	Arthrocentesis
<input type="checkbox"/>	Bursa and Joint Aspiration / injection
<input type="checkbox"/>	CCU
<input type="checkbox"/>	Central Venous Line Placement
<input type="checkbox"/>	ECG Interpretation
<input type="checkbox"/>	Elective Endotracheal Intubation
<input type="checkbox"/>	Foley Catheterization
<input type="checkbox"/>	ICU
<input type="checkbox"/>	Incision and Drainage of Abscess
<input type="checkbox"/>	Interpreting Electrocardiograms
<input type="checkbox"/>	Intramuscular, Subcutaneous, Intracutaneous Injections
<input type="checkbox"/>	Lumbar Puncture
<input type="checkbox"/>	Minor Laceration Repair
<input type="checkbox"/>	Nasogastric Intubation
<input type="checkbox"/>	Pap Smear and Endocervical Culture
<input type="checkbox"/>	Paracentesis
<input type="checkbox"/>	Skin Biopsy
<input type="checkbox"/>	Spirometry
<input type="checkbox"/>	Thoracentesis
<input type="checkbox"/>	Total Parenteral Nutrition
<input type="checkbox"/>	Tracheal Suctioning
<input type="checkbox"/>	Urethral Catheterization
<input type="checkbox"/>	Work up, diagnose and provide non-surgical treatment, including consultation for patients admitted or in need of care to treat general medical problems
<input type="checkbox"/>	Ventilator Management

Specialty	
<input type="checkbox"/>	Acupuncture
<input type="checkbox"/>	Arterial Line Placement
<input type="checkbox"/>	Bone Marrow Aspiration & Biopsy
<input type="checkbox"/>	Breast Mass Aspiration
<input type="checkbox"/>	Cardiac Stress Testing and Interpretation
<input type="checkbox"/>	Colonoscopy/Cold Forceps Biopsy
<input type="checkbox"/>	Colonoscopy/Cold Forceps Biopsy/Polypectomy
<input type="checkbox"/>	Cryosurgical Removal of Skin Lesions
<input type="checkbox"/>	Elective Cardioversion
<input type="checkbox"/>	Endometrial Biopsy
<input type="checkbox"/>	Esophagagastroduodenostomy (EGD)
<input type="checkbox"/>	Fine Needle Aspiration / Biopsy
<input type="checkbox"/>	Flexible Sigmoidoscopy
<input type="checkbox"/>	Holter Monitor
<input type="checkbox"/>	Laryngoscopy, Indirect
<input type="checkbox"/>	Moderate Sedation
<input type="checkbox"/>	Osteopathic Manipulation
<input type="checkbox"/>	Percutaneous Dilatational Tracheotomy (PDT)
<input type="checkbox"/>	Percutaneous Liver Biopsy
<input type="checkbox"/>	Pulmonary Artery Balloon Flotation Catheter, insert and Manage
<input type="checkbox"/>	Pulmonary Function Testing (PFT)
<input type="checkbox"/>	Skin Biopsies
<input type="checkbox"/>	Soft Tissue and Joint Injections
<input type="checkbox"/>	Stress Testing
<input type="checkbox"/>	Swan Ganz Catheter
<input type="checkbox"/>	Temporary Pacemaker Placement
<input type="checkbox"/>	Vascular Lab Studies

Areas of Interest	
<input type="checkbox"/>	Government Assignments

Signing below indicates that I am qualified to perform the services chosen on the checklist

Signature

Date
