

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

Levels		
<input type="checkbox"/>	Adult (Over 14 years)	<input type="checkbox"/>
<input type="checkbox"/>	Pediatric (1 to 14 years)	<input type="checkbox"/>
<input type="checkbox"/>	Infant (newborn to 12 months)	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>

How long has it been since you have been in the operating room?

General Surgery		
<input type="checkbox"/>	Surgery of the Skin	<input type="checkbox"/>
<input type="checkbox"/>	Lacerations	<input type="checkbox"/>
<input type="checkbox"/>	Tumors	<input type="checkbox"/>
<input type="checkbox"/>	Burns	<input type="checkbox"/>
<input type="checkbox"/>	Gastrointestinal	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>

Other procedures you would like us to be aware that you perform or do not perform:

<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>

****Bariatric Surgery / Gastric by-pass is not covered under Locumtenens.com malpractice policy****

Laparoscopy		
<input type="checkbox"/>	Diagnostic	<input type="checkbox"/>
<input type="checkbox"/>	Appendectomy	<input type="checkbox"/>
<input type="checkbox"/>	Cholecystectomy and bile duct exploration	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>

Breast Surgery		
<input type="checkbox"/>	Biopsy	<input type="checkbox"/>
<input type="checkbox"/>	Partial Mastectomy	<input type="checkbox"/>
<input type="checkbox"/>	Simple Mastectomy	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>

Endocrine Surgery		
<input type="checkbox"/>	Thyroid	<input type="checkbox"/>
<input type="checkbox"/>	Parathyroid	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>

Endoscopy		
<input type="checkbox"/>	Bronchoscopy	<input type="checkbox"/>
<input type="checkbox"/>	EGD (Esophagogastroduodenoscopy)	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>

Vascular		
<input type="checkbox"/>	Repair of Vascular Trauma	<input type="checkbox"/>
<input type="checkbox"/>	Peripheral	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>

Thoracic		
<input type="checkbox"/>	Thoracotomy	<input type="checkbox"/>
<input type="checkbox"/>	Partial or Complete Lung Resection	<input type="checkbox"/>
<input type="checkbox"/>	Surgery of the Diaphragm	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>

Cardiac		
<input type="checkbox"/>	Pericardial Surgery	<input type="checkbox"/>
<input type="checkbox"/>	Extra Corporeal Cardiopulmonary Bypass	<input type="checkbox"/>
<input type="checkbox"/>	Heart Valve Repair or Replacement	<input type="checkbox"/>
<input type="checkbox"/>	Coronary Revascularization	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>

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Pediatric Surgery

Hernia Repair	Repair of Omphalocele
Pyloromyotomy	Repair of Diaphragmatic Hernia
Appendectomy	

Plastic Surgery

General Plastic Surgery	Augmentation Mammoplasty
Burn Related Plastic Surgery	Reduction Mammoplasty
Genitourinary	Mastopexy
Laser Certification: Specify Type:	Mastectomy / Lumpectomy
Facial Cosmetic Surgery	Breast Reconstruction
Face Lift	Maxillofacial Reconstructive Surgery
Facial Implant	Cleft Lip / Palate
Rhinoplasty	Facial Fractures
Blepharoplasty	Lefort I Repairs
Otoplasty	Craniosynostosis
Other Cosmetic Surgery: Specify Type:	Madibular Setbacks
Breast Surgery	

Hand Surgery

Hand / Wrist Surgery	Hand Fractures
Tendon Release / Repair	Hand Reconstruction
Nerve Release / Repair	Digit Reimplantation

Orthopedic Surgery

Routine non-operative orthopedics including sports injuries minor trauma, non-displaced fractures and applications of circular casts	Major joint reconstruction including non-prosthetic arthroplasty, correction of instability and recurrent dislocation
Abscess Drainage (excl. hand or spine)	Musculoskeletal tumor surgery
Achilles Tendon Repair	Neurolysis (excl. spine or hand)
ACL Reconstruction	Open reduction of dislocation
Amputation of limb or digit (excl. hip disarticulation, hemipelvectomy and hip dislocation)	Open reduction of fracture (with or without internal fixation)
Amputation (fore-quarter), hemipelvectomy and hip dislocation	Osteotomy
Arthrodesis (excl. hand and spinal joints)	Peripheral nerve repair
Arthroscopy	Prosthesis replacement for hip fracture
Ankle	Reimplantation (digit or extremity)
Knee	Rotator Cuff Repair (Arthroscopic)
Shoulder	Rotator Cuff Repair (Open)
Wrist	Skin-Grafting procedure to wound
Elbow	Subluxation tendons of ankle (repair)
Hip	Arthroplasty (Total Joint Replacement)
Other	Hip
Arthrotomy and removal of intra-articular material including Meniscectomy	Knee
Biopsy (bone)	Shoulder
Biopsy (soft tissue) - excision of ganglion cyst or bursa	Ankle
Bone-grafting procedure	Elbow
Closed Reduction - dislocations	Other:
Closed reduction - Fractures	Spine
Debridement - compound fractures	Non Operative Care
Debridement - penetrating wound of joint	Operative Care
Debridement - soft tissue wounds	Basic Discectomy (decompression, fusion without instrumentation)
External fixator - wrist	With Instrumentation
	Endoscopic procedures

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Orthopedic Surgery (Con't)

<input type="checkbox"/>	Fasciotomy for Compartment Syndrome	<input type="checkbox"/>	Cervical Fusion
<input type="checkbox"/>	Foot surgery	<input type="checkbox"/>	Spinal Cord Surgery
<input type="checkbox"/>	Hemi-arthroplasty with or w/o replacement prosthesis (excluding the hip)	<input type="checkbox"/>	Lumbar and Thoracic Fusion
<input type="checkbox"/>	Intravenous Sedation Analgesia (IVSA)	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Laceration / tendon repair	<input type="checkbox"/>	

Other

<input type="checkbox"/>	Management of Respirators	<input type="checkbox"/>	IABP Insertion (Intra Aortic Balloon Pump)
<input type="checkbox"/>	Arterial Catheter Insertion	<input type="checkbox"/>	Moderate Sedation (conscious sedation)
<input type="checkbox"/>	Swan-Ganz catheter insertion	<input type="checkbox"/>	Deep Sedation (documentation of training required)

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

Signature

Date