

GULF COAST MEDICAL CENTER
Delineation of Privileges for Allied Health Professional
Speech Therapist – Audiologist

Name: _____ Physician Sponsor(s)/Contract: _____
 License Number(s): _____ Certification/Re-certification Number: _____

PRIVILEGE	Currently Approved	Requested	Approved
GENERAL:			
Speech/Language evaluations/consultations			
Treatment of language/learning disabilities			
Treatment of speech impairment			
Dysphagia training			
Esophageal speech training			
Speech defect training			
Hearing Screening			
DeKesy 5-tone audiometry			
Impedance audiometry			
Stapedial reflex response			
Subjective audiometry			
Tympanogram			
Tuning fork test			
Whispered speech test			
Thermal test of vestibular function			
Rotation tests			
Fitting of hearing aid			
Modified Barium Swallow Study			
AUDIOLOGICAL EVALUATION BY:			
Blindfold test			
Delayed feedback			
Barany noise machine			
Masking			
Weber lateralization			
OTHERS:			

Comments / Modifications: _____

I hereby request that I be allowed to perform the privileges requested, as delineated above that are checked above, under the supervision of my sponsoring physician(s) and attest that I have current competence to perform each of them.

 Applicant Date

I/We, the sponsoring physician(s) hereby affirm that this individual is sufficiently competent to perform the privileges requested.

 Signature of Sponsoring Physician Date

 Signature of Department Chairperson Date

 Credentials Approval Date

 Medical Executive Approval Date

 Board of Trustees Approval Date