



Letter of Need Requirements

The supervising physician must submit a letter of need for ancillary requesting privileges at Cabell Huntington Hospital. Said letter must be on company letterhead and signed by the supervising physician and must include **all** of the following information:

- Applicant's full legal name.
- Applicant's unique email address.
- Applicant's title at place of employment.
- Applicant's supervising physician at place of employment requesting privileges.
- Office Manager's name, Phone number and email at place of employment requesting privileges.
- What privilege is being requested:

Audiologist	Clinical Instructor
Dental Assistant	First Assistant
Hospice Nurse	Oral Surgery Assistant
Other (Stand Alone)	Professional Educator/Employee of Outside Agency
Research Assistant / Study Coordinator	Scrub Nurse
Social Work / Rehab Liaison / Counselor	

- A statement from supervising physician confirming applicant meets all qualifications listed in criteria and competencies required.
- A statement from supervising physician that applicant has and is qualified and trained to utilize equipment either brought from private practice or offered at Cabell Huntington Hospital.
- A statement from supervising physician listing procedures applicant will be accomplishing and must adhere to (must be specific).
- A statement from supervising physician that the supervising physician will review the applicant's competencies and performance at time of initial request for privileges as well as when renewing privileges annually.
- A statement from supervising physician that applicant will follow signing in/out procedures set forth in additional to all guidelines and procedures required by Cabell Huntington Hospital while maintaining current and accurate data with symplr knowing that should fault be found, applicant's privileges could be suspended or revoked at Cabell Huntington Hospital.