

AUTHENTICATION OF APPROVAL

PS 014

<i>Manual</i>	Professional Staff	<i>Effective Date</i>	02/28/2011
<i>Policy #</i>	PS 014	<i>Date Revised</i>	
<i>Responsible Person</i>	Director, Professional Staff Services	<i>Next Scheduled Review</i>	02/28/2023

PURPOSE

To ensure valid authentication of approval on all professional staff documents, including recommendation and approval forms as well as privilege delineation request forms.

POLICY

When an officer of the professional staff or a division chief requests that a stamp or electronic version of their signature be made, that authentication will only be used at the instruction of the individual whose name it bears.

Those permitted to use these methods of authentication include:

- 1) Division Coordinators, who prepare supporting documentation for the division chief review.
- 2) Professional Staff Coordinators, who support the professional staff organization and its committees, and who use them with direct instruction from the signatory on correspondence prepared as a result of committee deliberations.

If a chief of a division determines that another senior member of the division be authorized to sign on his/her behalf, the delegation will be formally made in accordance with the following procedure.

PROCEDURE

- 1) The signature stamp will be stored in a locked drawer and only utilized upon the instruction of the signatory.
- 2) When a stamp is no longer used, it is destroyed by removing the signature surface.
- 3) When a signature is scanned electronically, it will only be retained as long as that physician is serving as a signatory.
- 4) A listing with a signed statement of approval and or delegation will be maintained in the Professional Staff Services Department and updated for all signatories as they change (attached).

APPROVED

Professional Staff Executive Committee: February 15, 2011/reviewed w/no revisions 2/28/20
 Governing Body: February 28, 2011/reviewed w/no revisions 2/28/20

DELEGATION OF AUTHORITY FOR DIVISION AND COMMITTEE REVIEW

DIVISION: _____

I hereby certify that the members of my Division whose names, titles and signatures appear below are authorized by me to sign on my behalf on all professional staff membership and privileging recommendations made for my division:

Signature

Printed Name

Date

Title

Delegates

Signature

Printed Name

Date

Title

Signature

Printed Name

Date

Title

SIGNATURE STAMP AUTHORIZATION

DIVISION: _____

I hereby approve the use of a signature stamp as a representation of my personal signature. I acknowledge responsibility for all documents bearing this authentication, and I attest to the fact that the authentication is at all times under my control.

Signature

Printed Name

Date

Title

SIGNATURE STAMP/ELECTRONIC AUTHORIZATION FOR OFFICERS

Signature stamp/Electronic Scanned Signature Authorization

I hereby authorize the use of my signature stamp/electronically scanned signature by the Professional Staff Services Department personnel under the supervision of the Director, Professional Staff Services. This signature will be used for actions requiring my signature as a Professional Staff Officer in accordance with the activities identified in the Professional Staff Bylaws. These may include, but not be limited to, appointment and reappointment verification request forms, membership verification documents provided to requesting healthcare facilities and organizations, and endorsement of appointment and reappointment application forms.

This authentication will be maintained in a confidential locked drawer or privacy-protected electronic file, and used on my instructions. It shall be valid for the period

_____ through _____.

Chief of Staff

Printed Name

Date

Vice Chief of Staff

Printed Name

Date

Secretary

Printed Name

Date