Huntington Memorial Hospital

Delineation Of Privileges

RN Research Coordinator

Provider Name:

Privilege	Requested	Deferred	Approved
Job Summary: Under the Supervision of the employing physician, the RN Research Coordinator is responsi maintaing of all research data.	ble for the	collection	n and
1. Organize and aid clinical studies.			
2. Ensure compliance with study protocols.			
3. Maintain computerized database for patient demographic and clinical research.			
4. Assist with patient recruitment.			
5. Obtain and record data from patients enrolled in studies.			
6. Maintain and complete source documents and case reports.			
7. Meets with Research Coordinators regarding case reports, ongoing and upcoming trails.			
8. Prepares correspondance, reports, memoranda, etc.			
9. Serves as a resource for physicians, nurses, and other members of the health care team with regards to protocol related requirements.			
 Comply with all State and Local Federal Regulatroy Requirements and Hospital Policy & Procedures. 			
11. All data collection and data case maintance remains current with all HIPPA Regulations.			
12. A Healthcare professional who holds a California License or legal credentials to provide healthcare services within his/her qualifications and scope of practice.			
13. Routine Nursing Funstions.			
14. Access to Medical Records.			

Huntington Memorial Hospital

Delineation Of Privileges

RN Research Coordinator

P	rc	V	hi	е	r I	V	a	m	۹	•

Privilege	Requested	Deferred	Approved
15. Following study patients in the hospital.			
16. Administering study medications per MD/PA orders.			
17. Complete forms and charts pertinent to the patients records.			
ACKNOWLEDGEMENT OF THE ALLIED HEALTH PROFESSIONAL:			
I have requested only those privileges for which I am qualified to perform, based upon m experience and demonstrated performance. I understand that in exercising my practice constrained by hospital and medical staff policies and rules, including those outlined in the Rules and Regulations.	privielges gr	anted, I a	m
Signature of AHP: Date:			
Signature of Supervising Physician: Date:			
INTERDISCIPLINARY PRACTICE COMMITTEE RECOMMENDATION:			
I have reviewed the requested practice privileges and supportive documentation for the recommend action on the privileges as noted above.	above name	s applican	t and
Applicant may perform practice privileges as indicated:YES	NO		
Exceptions/Limitations (Please Specify):			
APPROVALS			
Interdisciplinary Practice Committee: Date:			

Huntington Memorial Hospital

Delineation Of Privileges

RN Research Coordinator

Provider Name:					
	Privilege	Rec	quested	Deferred	Approved
Medical Executive Com	mittee Date:				
Board of Directors Date	::				