

**Supplier Representative/Manager Scope of Services & Qualifications- Tier 2**  
**Manager and Non-Management**  
**\*Previously named HCIR\***

<b>Name:</b>	
<b>Company:</b>	

**\* Supplier Representative/Managers are not permitted to provide hands on care to any patients and are not permitted to participate in sterile field activities.**

For purposes of this request, the term “product” refers to any device, equipment, medical system, drug or any other FDA-regulated product which you are promoting, selling, providing training or services as described below. Upload to your HWS online account. **Access to facilities shall not be permitted until you are notified of the individual facility approvals.**

I request to provide services that require access to a patient care area. The services I provide may have direct or indirect impact on patients. Services I am requesting to provide include the following ( <b><i>Check all that are being requested</i></b> ):			
<input type="checkbox"/>	Technically advise in the Operating Room	<input type="checkbox"/>	Durable Medical Delivery
<input type="checkbox"/>	Provide user training and product support	<input type="checkbox"/>	Please list additional duties below:
<input type="checkbox"/>	Deliver a product to a patient care setting (i.e. nursing care unit)	<input type="checkbox"/>	

**I am requesting approval to provide services in the following patient care area(s):**  
***(Check all that are being requested)***

<input type="checkbox"/>	Operating Room	<input type="checkbox"/>	Cath Lab	<input type="checkbox"/>	Endoscopy Lab
<input type="checkbox"/>	Radiology Department	<input type="checkbox"/>	Respiratory	<input type="checkbox"/>	Materials Management
<input type="checkbox"/>	Emergency Room	<input type="checkbox"/>	Sterile Supply	<input type="checkbox"/>	Nursing Stations (ICU, NSY, Med Surg.)
<input type="checkbox"/>	Other (list)				

**VENDOR POLICY**

Vendors attempting to gain access to HCA facilities must attest to the following requirements.

- Any new products must be pre-authorized by the Clinical Resource Director or Supply Chain Director prior to use. Failure to receive pre-approval may result in non-payment.
- All vendor bill only surgical sheets must be turned in on the day of service, failure to comply may result in denial of access privileges at the facility.
- Requests for PO number by vendor representatives to local Supply Chain staff is not allowed. Inquiries should be made to vendor customer service.
- All vendors must have an appointment in order to access the hospital.

**You signature constitutes understanding of all requirements listed above and that you will comply with stated procedures. Failure to comply may result in forfeiture of your credentialing account for access.**

<b>Signature:</b>		<b>Date:</b>	
<b>Company:</b>			