



**Dependent Healthcare Professional (DHP)
Physician Sponsor Statement of Recommendation of Facility Access**

Instructions:

DHP, follow these directions to complete and upload your Physician Sponsor Statement of Recommendation of Facility Access on the next page.

Step 1: DHP should complete in entirety the next page, Physician Sponsor Statement of Recommendation of Facility Access

Step2: Email your completed form to the Methodist Director, DHP Credentialing & Compliance, Kelly Scott for final approval. Kelly.Scott@MHShealth.com

Step 3: Kelly will review your form and if approved, will send you back a digitally signed form.

Step 4: Upload your approved form in your HWSVerified account under Physician Sponsor Form.

Note: HWS will only review your credential file with a form signed by Kelly Scott.



**Dependent Healthcare Professional (DHP)
Physician Sponsor Statement of Recommendation of Facility Access**

In sponsoring the below listed DHP, also known as Verified Professional, within Methodist Healthcare facilities, I agree that the acts of the DHP assisting me shall be my responsibility; that the scope of services approved by Methodist Healthcare to be performed by the DHP shall be done under my sponsorship and supervision, or order; and that I will notify Methodist Healthcare Human Resources or Medical Staff when I no longer sponsor the DHP.

I understand:

1. Each Tier 3 DHP brought into the facility to provide care, treatment, or service is required to have a minimum of one physician sponsor and must also be granted approval by the Administrator responsible for the patient care areas/settings to be accessed by the DHP.
2. The DHP must meet all qualifications of the Methodist Healthcare Scope of Service for which they are applying in addition to standards and requirements as defined by Methodist Healthcare.
3. And agree with participation in the annual evaluation of the DHP promptly when requested.
4. DHP's may provide services at Methodist Healthcare System only as long as I maintain active Medical Staff appointment in good standing.
5. The DHP may not provide services that exceed what is defined within the MHS approved scope of services, scope of the DHP's license, certificate, and/or other legal credential.
6. I understand that at no time may this practitioner perform functions which would constitute medical practice and that all duties performed by him/her must be done under the level of supervision defined by the DHP scope of service and upon my authority.
7. DHPs are not members of the medical staff, do not have the delineated clinical privileges, and do not have the rights and privileges of a member of the medical staff.
8. And agree to abide by this document and other policies and procedures applicable to DHPs functioning within Methodist Healthcare System facilities.

Name of Dependent Healthcare Professional

DHP Scope of Service to be performed

I approve the named DHP to access each marked facility where I hold privileges and practice.

<input type="checkbox"/>	Methodist Hospital	<input type="checkbox"/>	Methodist Ambulatory Surgery Center – Med. Center
<input type="checkbox"/>	Methodist Children's Hospital	<input type="checkbox"/>	Methodist Ambulatory Surgery Center - North Central
<input type="checkbox"/>	Methodist Hospital I Specialty & Transplant	<input type="checkbox"/>	The Center for Special Surgery at TCA
<input type="checkbox"/>	Methodist Hospital I Texsan	<input type="checkbox"/>	Methodist Surgery Center- Boerne
<input type="checkbox"/>	Methodist Hospital I Northeast	<input type="checkbox"/>	Methodist ER I Westover Hills
<input type="checkbox"/>	Methodist Hospital I Metropolitan	<input type="checkbox"/>	Methodist ER I Boerne
<input type="checkbox"/>	Methodist Hospital I South	<input type="checkbox"/>	Methodist ER I Converse
<input type="checkbox"/>	Methodist Hospital I Stone Oak	<input type="checkbox"/>	Metropolitan Methodist Emergency Center at the Quarry
<input type="checkbox"/>	Methodist Hospital I Stone Oak Rehabilitation Center	<input type="checkbox"/>	

Sponsoring Physician Signature			
Sponsoring Physician PRINTED NAME		Date	