List of Core and Specialised Procedures for Endocrinology

The list below of privileges for core and specialised procedures is **subject to periodic review** by Farrer Park Hospital and/or Farrer Park Medical Centre from time to time depending on its business needs and/or regulatory changes.

As such, please note that your application for practising privileges is **also subject to review** and where required, Farrer Park Hospital and/or Farrer Park Medical Centre will notify you in writing to make a fresh application.

Part A: Please tick in the appropriate boxes for the core procedures that you are applying for.

| CORE PROCEDURES | Tick the correct box | |
|---|----------------------|----|
| | Yes | No |
| ACTH Stimulation Test | | |
| Androgen Suppression Test | | |
| Hormonal Replacement Therapy | | |
| Administration Therapeutic Dose, Radioactive Iodine | | |
| Ultrasound Guided FNAC | | |

Part B: Application to perform specialised procedures requires a referee's affirmation of applicant's clinical competency.

Please list the procedures that you are performing (if any) for review by the Farrer Park Hospital and/or Farrer Park Medical Centre and/or Medical Boards. Further information and/or interview may be requested after the review.

| Name of Referee: | | | |
|--|----------------------|-------|-------------------------|
| Designation: | | | |
| Date: | | | |
| Note to referee: Please sign against the procedure he/she is competent to perform these procedures saf | | | t to affirm that |
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| | | | |
| SPECIALISED PROCEDURES | Tick the correct box | | Signature of Referee |
| | Yes | No | Referee |
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| Signature of applicant: | D | oate: | |