



Applicant's Name \_\_\_\_\_

Rate 1-4

Scrub Circulate

6. C.A.B.G.	<input type="text"/>	<input type="text"/>
7. Mitral or Aortic Valve Replacement	<input type="text"/>	<input type="text"/>
8. Patent Ductus Arteriosus	<input type="text"/>	<input type="text"/>
9. Tetralogy of Fallot	<input type="text"/>	<input type="text"/>
10. VSD (Ventral or Ventricular Septal Defect)	<input type="text"/>	<input type="text"/>
11. ASD (Atrial Septal Defect)	<input type="text"/>	<input type="text"/>
12. Pacemaker Implantation Endocardial	<input type="text"/>	<input type="text"/>
13. Pacemaker Implantation Myocardial	<input type="text"/>	<input type="text"/>
14. Pneumonectomy/Lobectomy	<input type="text"/>	<input type="text"/>
15. Port-A-Cath Insertion	<input type="text"/>	<input type="text"/>
16. Resection Coarctation Aorta	<input type="text"/>	<input type="text"/>
17. First Rib Resection	<input type="text"/>	<input type="text"/>
18. Thoracoplasty	<input type="text"/>	<input type="text"/>
19. Tracheal Resection	<input type="text"/>	<input type="text"/>
20. Transthoracic Diaphragmatic Herniorrhaphy	<input type="text"/>	<input type="text"/>
21. Transplant Experience	<input type="text"/>	<input type="text"/>

**C. Vascular**

Scrub Circulate

1. A-V Fistula Shunt	<input type="text"/>	<input type="text"/>
2. Aortic Aneurysm	<input type="text"/>	<input type="text"/>
3. Aorto-Iliac/Femoral Graft	<input type="text"/>	<input type="text"/>
4. Brachio Axillary Dacron Fistula	<input type="text"/>	<input type="text"/>
5. Carotid Endarterectomy	<input type="text"/>	<input type="text"/>
6. Femoral-Popliteal Graft	<input type="text"/>	<input type="text"/>
7. Leaking Ruptured Aneurysm	<input type="text"/>	<input type="text"/>
8. Mohin-Uddin Umbrella	<input type="text"/>	<input type="text"/>
9. Resection Carotid Aneurysm with Graft	<input type="text"/>	<input type="text"/>
10. Tenckhoff Catheter Placement	<input type="text"/>	<input type="text"/>
11. Thrombectomy	<input type="text"/>	<input type="text"/>
12. Vena Cava Ligatio	<input type="text"/>	<input type="text"/>

**D. Trauma**

Scrub Circulate

1. Burns	<input type="text"/>	<input type="text"/>
2. Gunshot Wounds:		
a. Chest	<input type="text"/>	<input type="text"/>
b. Abdomen	<input type="text"/>	<input type="text"/>
3. Motor Vehicle Accidents (Multiple Injuries)	<input type="text"/>	<input type="text"/>
4. Traumatic Amputations	<input type="text"/>	<input type="text"/>

**PLEASE MARK YOUR LEVEL OF EXPERIENCE**

- 1 No Experience: Observed Only
- 2 Limited Experience: Performs < 6 Times Per Year; Needs Review
- 3 Moderate Experience: Performs 1-2 Times/Month; May Need Minimal Resource
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**E. Neurology**

Scrub Circulate

1. Burr Holes (Subdural Hematoma)	<input type="text"/>	<input type="text"/>
2. Carotid Endarterectomy	<input type="text"/>	<input type="text"/>
3. Carotid Ligation	<input type="text"/>	<input type="text"/>
4. Cervical Laminectomy	<input type="text"/>	<input type="text"/>
5. Cervical Sympathectomy	<input type="text"/>	<input type="text"/>
6. Clipping of Intracranial Aneurysm	<input type="text"/>	<input type="text"/>
7. Craniectomy for Decompression Fracture	<input type="text"/>	<input type="text"/>
8. Cranioplasty	<input type="text"/>	<input type="text"/>
9. Craniotomy for Tumor Excision	<input type="text"/>	<input type="text"/>
10. Crutchfield Tong Insertion	<input type="text"/>	<input type="text"/>
11. Exterior Cervical Fusion	<input type="text"/>	<input type="text"/>
12. Hypophysectomy	<input type="text"/>	<input type="text"/>
13. Laminectomy	<input type="text"/>	<input type="text"/>
14. Lumbar Laminectomy	<input type="text"/>	<input type="text"/>
15. Meningocele Repair	<input type="text"/>	<input type="text"/>
16. Transphenoid Hypophysectomy	<input type="text"/>	<input type="text"/>
17. Ulna Nerve Transplant	<input type="text"/>	<input type="text"/>
18. VA & VP Shunt	<input type="text"/>	<input type="text"/>
19. Ventricular Procedures	<input type="text"/>	<input type="text"/>
20. Vinke Tong Insertion	<input type="text"/>	<input type="text"/>

**F. Orthopedics**

Scrub Circulate

1. Achilles Tendon Repair	<input type="text"/>	<input type="text"/>
2. Amputation/Leg, Arm	<input type="text"/>	<input type="text"/>
3. Anterior Cruciate Ligament Repair	<input type="text"/>	<input type="text"/>
4. Application Halo Traction	<input type="text"/>	<input type="text"/>
5. Arthroscopic Surgery	<input type="text"/>	<input type="text"/>
6. Capsularrhaphy	<input type="text"/>	<input type="text"/>
7. Closed Reduction Fracture	<input type="text"/>	<input type="text"/>
8. Cup Arthroplasty/Insertion Prosthesis	<input type="text"/>	<input type="text"/>
9. Dwyer Anterior Fusion	<input type="text"/>	<input type="text"/>
10. Fracture Table Use	<input type="text"/>	<input type="text"/>
11. Hand Surgery with Implants	<input type="text"/>	<input type="text"/>
12. Harrington Rod Insertion	<input type="text"/>	<input type="text"/>

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**Rate 1-4**

	Scrub	Circulate
13. Heel Cord Lengthening	<input type="checkbox"/>	<input type="checkbox"/>
14. I.M. Rodding	<input type="checkbox"/>	<input type="checkbox"/>
15. Insertion Tibial Plateau Prosthesis	<input type="checkbox"/>	<input type="checkbox"/>
16. Nailing Procedures	<input type="checkbox"/>	<input type="checkbox"/>
17. Excision of Olecranon Bursa	<input type="checkbox"/>	<input type="checkbox"/>
18. Open Reduction Fracture	<input type="checkbox"/>	<input type="checkbox"/>
19. Patellectomy	<input type="checkbox"/>	<input type="checkbox"/>
20. Putti Platt/Bankart Procedure	<input type="checkbox"/>	<input type="checkbox"/>
21. Reduction with Compression Sets	<input type="checkbox"/>	<input type="checkbox"/>
22. Sharrard Procedure	<input type="checkbox"/>	<input type="checkbox"/>
23. Application of Spica Cast	<input type="checkbox"/>	<input type="checkbox"/>
24. Spinal Fusion	<input type="checkbox"/>	<input type="checkbox"/>
25. Insertion of Swanson Finger Prosthesis	<input type="checkbox"/>	<input type="checkbox"/>
26. Tendon Implants	<input type="checkbox"/>	<input type="checkbox"/>
27. Total Joint Replacement	<input type="checkbox"/>	<input type="checkbox"/>
28. Zimmer Hip Compression	<input type="checkbox"/>	<input type="checkbox"/>

**G. Urology**

	Scrub	Circulate
1. Circumcision	<input type="checkbox"/>	<input type="checkbox"/>
2. Cystectomy	<input type="checkbox"/>	<input type="checkbox"/>
3. Hypospadias Repair	<input type="checkbox"/>	<input type="checkbox"/>
4. Nephrectomy	<input type="checkbox"/>	<input type="checkbox"/>
5. Orchiopexy	<input type="checkbox"/>	<input type="checkbox"/>
6. Perineal Prostatectomy	<input type="checkbox"/>	<input type="checkbox"/>
7. Suprapubic Prostatectomy	<input type="checkbox"/>	<input type="checkbox"/>
8. Pyelolithotomy	<input type="checkbox"/>	<input type="checkbox"/>
9. Pyeloplasty	<input type="checkbox"/>	<input type="checkbox"/>
10. Radical Node Dissection	<input type="checkbox"/>	<input type="checkbox"/>
11. Scott Incontinence Device	<input type="checkbox"/>	<input type="checkbox"/>
12. Scott Penile Prosthesis	<input type="checkbox"/>	<input type="checkbox"/>
13. T.U.R.	<input type="checkbox"/>	<input type="checkbox"/>
14. Ureterolithotomy	<input type="checkbox"/>	<input type="checkbox"/>
15. Vasectomy	<input type="checkbox"/>	<input type="checkbox"/>
16. Vasovasostomy	<input type="checkbox"/>	<input type="checkbox"/>

**Rate 1-4**

**H. Gynecology**

	Scrub	Circulate
1. Abdominal Hysterectomy	<input type="checkbox"/>	<input type="checkbox"/>
2. C-Sections	<input type="checkbox"/>	<input type="checkbox"/>
3. Colpotomy	<input type="checkbox"/>	<input type="checkbox"/>
4. Dilatation and Curettage	<input type="checkbox"/>	<input type="checkbox"/>
5. Laparoscopy	<input type="checkbox"/>	<input type="checkbox"/>
6. Marshall Marchetti	<input type="checkbox"/>	<input type="checkbox"/>
7. Marsupialization Bartholin Cyst	<input type="checkbox"/>	<input type="checkbox"/>
8. Pelvic:		
a. Anterior	<input type="checkbox"/>	<input type="checkbox"/>
b. Posterior	<input type="checkbox"/>	<input type="checkbox"/>
c. Total	<input type="checkbox"/>	<input type="checkbox"/>
9. Radical Hysterectomy	<input type="checkbox"/>	<input type="checkbox"/>
10. Radium Insertion	<input type="checkbox"/>	<input type="checkbox"/>
11. Salpingoplasty	<input type="checkbox"/>	<input type="checkbox"/>
12. Shirodkar Operation	<input type="checkbox"/>	<input type="checkbox"/>
13. Suction Curettage	<input type="checkbox"/>	<input type="checkbox"/>
14. Tubal Ligation	<input type="checkbox"/>	<input type="checkbox"/>
15. Tuboplasty/Microscope	<input type="checkbox"/>	<input type="checkbox"/>
16. Vaginal Hysterectomy	<input type="checkbox"/>	<input type="checkbox"/>
17. Vaginal Reconstruction	<input type="checkbox"/>	<input type="checkbox"/>
18. Vaginectomy	<input type="checkbox"/>	<input type="checkbox"/>
19. Vulvectomy	<input type="checkbox"/>	<input type="checkbox"/>

**I. Pediatrics**

	Scrub	Circulate
1. Bronchoscopy	<input type="checkbox"/>	<input type="checkbox"/>
2. Inguinal Hernia	<input type="checkbox"/>	<input type="checkbox"/>
3. Lap	<input type="checkbox"/>	<input type="checkbox"/>
4. Pyloric Stenosis	<input type="checkbox"/>	<input type="checkbox"/>
5. Cleft Lip/Palate Repair	<input type="checkbox"/>	<input type="checkbox"/>

**J. Plastics**

	Scrub	Circulate
1. Abdominal Lipectomy	<input type="checkbox"/>	<input type="checkbox"/>
2. Augmentation Mammoplasty	<input type="checkbox"/>	<input type="checkbox"/>
3. Blepharoplasty	<input type="checkbox"/>	<input type="checkbox"/>
4. Dermabrasion	<input type="checkbox"/>	<input type="checkbox"/>

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	Scrub	Circulate
5. Mentoplasty	<input type="checkbox"/>	<input type="checkbox"/>
6. Myelomeningocele Repair	<input type="checkbox"/>	<input type="checkbox"/>
7. Otoplasty	<input type="checkbox"/>	<input type="checkbox"/>
8. Pedicle Grafts	<input type="checkbox"/>	<input type="checkbox"/>
9. Reduction Mammoplasty	<input type="checkbox"/>	<input type="checkbox"/>
10. Rhinoplasty	<input type="checkbox"/>	<input type="checkbox"/>
11. Scar Revisions	<input type="checkbox"/>	<input type="checkbox"/>
12. Skin Grafts/Split Thickness	<input type="checkbox"/>	<input type="checkbox"/>

**K. Ears, Nose & Throat**

	Scrub	Circulate
1. Acoustic Neuroma	<input type="checkbox"/>	<input type="checkbox"/>
2. Caldwell-Luc	<input type="checkbox"/>	<input type="checkbox"/>
3. Closed Reduction Nasal Fracture	<input type="checkbox"/>	<input type="checkbox"/>
4. Commando Procedure	<input type="checkbox"/>	<input type="checkbox"/>
5. Ear Cases:		
a. Mastoidectomy	<input type="checkbox"/>	<input type="checkbox"/>
b. Myringotomy	<input type="checkbox"/>	<input type="checkbox"/>
c. Stapedectomy	<input type="checkbox"/>	<input type="checkbox"/>
d. Tympanoplasty	<input type="checkbox"/>	<input type="checkbox"/>
6. Ethmoidectomy	<input type="checkbox"/>	<input type="checkbox"/>
7. Excision Salivary Gland Tumor	<input type="checkbox"/>	<input type="checkbox"/>
8. Fenestration Procedure	<input type="checkbox"/>	<input type="checkbox"/>
9. Frontal Flap Sinus Procedure	<input type="checkbox"/>	<input type="checkbox"/>
10. Glossectomy	<input type="checkbox"/>	<input type="checkbox"/>
11. Laryngectomy	<input type="checkbox"/>	<input type="checkbox"/>
12. Maxillary Advancement with Hip Graft	<input type="checkbox"/>	<input type="checkbox"/>
13. Nasal Polypectomy	<input type="checkbox"/>	<input type="checkbox"/>
14. Open Reduction Facial Fractures	<input type="checkbox"/>	<input type="checkbox"/>
15. Open Reduction Tripod Fractures	<input type="checkbox"/>	<input type="checkbox"/>
16. Parotidectomy	<input type="checkbox"/>	<input type="checkbox"/>
17. PE Tube Insertion	<input type="checkbox"/>	<input type="checkbox"/>
18. Pharyngeal Flap Procedure	<input type="checkbox"/>	<input type="checkbox"/>
19. Radical Neck Dissection	<input type="checkbox"/>	<input type="checkbox"/>
20. Ranulectomy	<input type="checkbox"/>	<input type="checkbox"/>
21. Selective Osteotomy of Maxilla/Mandible	<input type="checkbox"/>	<input type="checkbox"/>

**Rate 1-4**

	Scrub	Circulate
22. Sinusotomy	<input type="checkbox"/>	<input type="checkbox"/>
23. Submucous Resection	<input type="checkbox"/>	<input type="checkbox"/>
24. Tonsillectomy	<input type="checkbox"/>	<input type="checkbox"/>
25. Tracheostomy	<input type="checkbox"/>	<input type="checkbox"/>
26. Vocal Cord Stripping	<input type="checkbox"/>	<input type="checkbox"/>

**L. Equipment**

	Scrub	Circulate
1. Aquamatic K Thermia Unit	<input type="checkbox"/>	<input type="checkbox"/>
2. Arthroscopy Cameras	<input type="checkbox"/>	<input type="checkbox"/>
3. Blood Warmer	<input type="checkbox"/>	<input type="checkbox"/>
4. Bovie Electrosurgical Unit	<input type="checkbox"/>	<input type="checkbox"/>
5. Cardiac Monitor & Pacemaker:		
a. Electrodyne	<input type="checkbox"/>	<input type="checkbox"/>
6. Cavitran - Coopervision	<input type="checkbox"/>	<input type="checkbox"/>
7. Cell Saver	<input type="checkbox"/>	<input type="checkbox"/>
8. Set Synthes Compression	<input type="checkbox"/>	<input type="checkbox"/>
9. Cry-Ophthalmic Unit	<input type="checkbox"/>	<input type="checkbox"/>
10. Dermatomes	<input type="checkbox"/>	<input type="checkbox"/>
11. Disposable Bovie Plates	<input type="checkbox"/>	<input type="checkbox"/>
12. Drills	<input type="checkbox"/>	<input type="checkbox"/>
13. Emerson Thoracic Pump	<input type="checkbox"/>	<input type="checkbox"/>
14. Eye Magnet	<input type="checkbox"/>	<input type="checkbox"/>
15. Ethylene Oxide Sterilizer	<input type="checkbox"/>	<input type="checkbox"/>
16. Flash Autoclave	<input type="checkbox"/>	<input type="checkbox"/>
17. Fiber Optic Luminators	<input type="checkbox"/>	<input type="checkbox"/>
18. Fluid Pumps	<input type="checkbox"/>	<input type="checkbox"/>
19. Kiddie Pneumatic Tourniquet	<input type="checkbox"/>	<input type="checkbox"/>
20. Kreiselman Resuscitator	<input type="checkbox"/>	<input type="checkbox"/>
21. Laser	<input type="checkbox"/>	<input type="checkbox"/>
22. Nerve Stimulator	<input type="checkbox"/>	<input type="checkbox"/>
23. Nitrous Oxide Bank	<input type="checkbox"/>	<input type="checkbox"/>
24. Operating Microscope	<input type="checkbox"/>	<input type="checkbox"/>
25. Suction Units	<input type="checkbox"/>	<input type="checkbox"/>

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Rate 1-4

Scrub Circulate

27. Steri-Vac Aeration Cabinet

28. Ultrasonic Cleaner - AMSCO

29. Vac-Pac Positioner

30. Vacuum Curettage

31. Washer Sterilizer - AMSCO

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**M. Ophthalmology**

Scrub Circulate

1. Cataract Extraction

2. Corneal Transplant

3. Dacryocystectomy

4. Dacryocystorhinostomy

5. Diathermy Operation

6. Enucleation

7. Iridectomy

8. Lid and Muscle Procedures

9. Orbital Implant

10. Phaco Emulsification

11. Pterygium Repair

12. Recession Resection

13. Repair Orbital Blowout Fracture

14. Retina

**N. Other**

1. Blood Glucose Monitor Type:

\_\_\_\_\_

2. Computer Charting Type:

\_\_\_\_\_

**O. Age of Patients Cared For**

Scrub Circulate

1. Infants and Toddlers (ages 0-3 years)

2. Young Children (ages 4-6 years)

3. Older Children (ages 7-12 years)

4. Adolescents (ages 13-20 years)

5. Young Adults (ages 21-39 years)

6. Middle Adults (ages 40-64)

7. Older Adults (ages 65-79)

8. Adults (ages >80)