

Privileges for: Aesthetician

Request

MEC Approval: November 16, 2010

Board Approval: January 10, 2011

DEPARTMENT APPROVAL

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

\_\_\_\_\_  
Department/Section Chair Signature Date

Nursing Administration Approval

\_\_\_\_\_  
Sr. V.P. of Nursing or Designee Signature Date

MINIMUM REQUIREMENTS

Licensure by the KY Board of Hairdressers and Cosmetologists to practice as an Aesthetician.\*

\* KY Board requirements:

High school education

Satisfactorily completed 1,000 hours of instruction in a licensed school approved by the Board

NOTE: For each scope of practice that the AHP requests below, the supervising physician must, prior to submission to the section chair, indicate the level of supervision that he or she intends to exercise by initialing and dating each requested privilege below in the block provided.

For scope of practice that may be exercised via phone availability (and not more than 30 minutes travel time away), mark the "A" column.

For scope of practice requiring on-site supervision, initial the "O" column.

For scope of practice requiring direct supervision, initial the "D" column.

If the supervision level is not offered, the Medical Executive Committee and Board of Trustees have determined that the level of supervision may not be employed.

DEFINITIONS OF LEVELS OF SUPERVISION

Direct Supervision: This means the supervising physician is sufficiently nearby that the AHP may verbally summon the supervisor's help if needed when the AHP is performing a function requiring direct supervision. Although the physician may be performing some other task at the time, the supervising physician must be able to immediately provide direction and assume the performance of the task if difficulties arise. This does not require that the physician is actually in sight of the AHP or watching "over the shoulder" of all AHPs as may be required during the training period of Physician Assistants to ensure that the Physician Assistant is competent to perform the task.

On-site supervision: Requires the physical presence of the supervising physician in the same location (i.e. the hospital) as the AHP, but does not require the physical presence in the same room.

Available by phone: The supervising physician must be continuously available for direct communication with the AHP and must be in a location that, under normal conditions, is not more than 30 minutes travel time from the AHP's location.

SCOPE OF PRACTICE

\_\_\_\_\_ Provide skin care consultation and analysis

\_\_\_\_\_ Demonstrate skin care

\_\_\_\_\_ Provide application of skin care products

Privileges for: **Aesthetician**

**Request**

- \_\_\_\_\_ Order, stock and track sales of cosmeceuticals
- \_\_\_\_\_ Sell cosmeceuticals
- \_\_\_\_\_ Microdermabrasion (Direct/Immediate supervision by licensed physician is required by KY Board of Hairdressers and Cosmetologists) (-D- )
- \_\_\_\_\_ Cosmetic peels (-A- -O- -D-)
- \_\_\_\_\_ Assist with laser procedures (help patient get ready, escort patient to the room, help set up and clean up the room, give patient post-procedure instructions) (-O- or -D-)

**SUPERVISING PHYSICIAN ENDORSEMENT: As the applicant's supervising physician, I have read the foregoing application for Scope of Practice and have indicated by my initials and date above the appropriate levels of supervision I will employ to promote the safety and care of our patients at a generally recognized professional level of quality and efficiency. I acknowledge my continuing responsibility for supervising this applicant until such time as he or she secures another supervising physician.**

\_\_\_\_\_  
**Supervising Physician's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervising Physician's Printed Name**

\_\_\_\_\_  
**Applicant's Printed Name**

**Applicants Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_