

**Appendix 5**

**List of Core and Specialised Procedures for Dermatology**

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 |
| PUVA Light Therapy of Skin             |                      |    |
| UVB Light Therapy of Skin              |                      |    |
| Removal of Wart/Molluscum Contagiosum  |                      |    |
| Skin Sensitivity Allergy Testing       |                      |    |
| Biopsy of Skin and Subcutaneous Tissue |                      |    |

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

|   |
|---|
| Name of Referee: _____<br>Designation: _____<br>Date: _____<br><br>Note to referee: Please sign against the procedures ticked "Yes" by applicant to affirm that he/she is competent to perform these procedures safely and independently. |
|---|

| SPECIALISED PROCEDURES                                 | Tick the correct box |    | Signature of Referee |
|--|----------------------|----|----------------------|
|  | Yes                  | No |                      |
| Lasers Treatment for Various Dermatological Conditions |                      |    |                      |

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_