

Supplier Representative/Manager Scope of Services & Qualifications- Tier 2
Manager and Non-Management
Previously named HCIR

Applicant Printed Name:	
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*** Supplier Representative/Managers are not permitted to provide hands on care to any patients and are not permitted to participate in sterile field activities.**

For purposes of this request, the term "product" refers to any device, equipment, medical system, drug or any other FDA-regulated product which you are promoting, selling, providing training or services as described below. Upload to your HWS online account. **Access to facilities shall not be permitted until you are notified of the individual facility approvals.**

I request to provide services that require access to a patient care area. The services I provide may have direct or indirect impact on patients. Services I am requesting to provide include the following ***(Check all that are being requested)***:

<input type="checkbox"/>	Technically advise in the Operating Room	<input type="checkbox"/>	Durable Medical Delivery
<input type="checkbox"/>	Provide user training and product support	<input type="checkbox"/>	Robotic Support
<input type="checkbox"/>	Deliver a product to a patient care setting (i.e. nursing care unit)	<input type="checkbox"/>	Please list any additional duties:

I am requesting approval to provide services in the following patient care area(s):
(Check all that are being requested)

<input type="checkbox"/>	Operating Room	<input type="checkbox"/>	Cath Lab	<input type="checkbox"/>	Endoscopy Lab
<input type="checkbox"/>	Radiology Department	<input type="checkbox"/>	Respiratory	<input type="checkbox"/>	Materials Management
<input type="checkbox"/>	Emergency Room	<input type="checkbox"/>	Sterile Supply	<input type="checkbox"/>	Nursing Stations (ICU, NSY, Med Surg.)
<input type="checkbox"/>	Other (list)				

VENDOR POLICY

Vendors attempting to gain access to HCA facilities must attest to the following requirements.

- Any new products must be pre-authorized by the Clinical Resource Director or Supply Chain Director prior to use. Failure to receive pre-approval may result in non-payment.
- All vendor bill only surgical sheets must be turned in on the day of service, failure to comply may result in denial of access privileges at the facility.
- Requests for PO number by vendor representatives to local Supply Chain staff is not allowed. Inquiries should be made to vendor customer service.
- All vendors must have an appointment in order to access the hospital.

You signature constitutes understanding of all requirements listed above and that you will comply with stated procedures. Failure to comply may result in forfeiture of your credentialing account for access.

Applicant Printed Name:	
Signature:	
Date:	