

Credentialling and Scope of Clinical Practice System

For all enhanced access requests for users of the [SA Health Credentialling and Scope of Clinical Practice System \(CSCPS\)](#). Form maintained by [DHW Allied and Scientific Health Office](#). Version 1.04.

CSCPS User Access Application

The CSCPS contains personal and professional information on SA Health Practitioners. Information recorded is confidential. Access to this information is restricted for the purpose of recording and verifying a practitioner's credentials and defining a scope of clinical practice, relevant to your direct line of responsibility.

Access must be authorised by the user's Clinical Lead, Manager, or Director. This form has been designed to be completed digitally. Incomplete forms cannot be processed; please complete the form fully before submission to Health.Credentialling@sa.gov.au.

The form may be printed for signatures and re-scanned for submission. All fields bordered **RED MUST BE FULLY COMPLETED BEFORE PRINTING**.

USER

HAD logon

Work email address

First Name

Surname

Role (select)

Job Title

Computer Name/Asset Number

Organisation (Physical Location/Sites)

Local Health Network/Service

Discipline (please tick all requested, minimum one selection)

Medical

Dental

Allied and Scientific Health

Nursing and Midwifery

Paramedicine

Credentialling Committee(s)

Request Date

Access Start Date

Access End Date

I understand that personal information given or received in confidence may not be passed on or used for a purpose other than for which it was obtained, without the consent of the provider of the information. Staff are responsible for safeguarding the confidentiality of all confidential information.

By signing this document, I acknowledge that I have read and understand my obligations under the Code of Conduct.

Date

Signature

APPROVER

Name

Work email address

Job Title

Date

Signature