

PROVIDER: _____ UNIT: _____ DATE: _____

RANK/GRADE: _____ Last 4 of SSN: _____ CATEGORY (circle): CG PHS CIV DOD AUX

REQUEST OF CLINICAL PRIVILEGES (CG-5575A)

PHYSICIAN ASSISTANT / FAMILY NURSE PRACTITIONER

PRIMARY CARE CORE PRIVILEGES

DIAGNOSTIC MANAGEMENT: Provide management of diagnosis and administrative process per acceptable standards of medical practice in the following:

- Analyze and interpret data, formulate diagnosis and establish plans for the management of health care
- Collect specimens for pathological and cytological examinations
- Counsel patients on medical problems, use of medications, and expected effects of therapeutic interventions
- Educate patients on family planning, safe sexual practices, wellness, cancer/disease prevention, and safety issues
- Initiate consultation request to specialists and other appropriate health professionals
- Initiate fitness for duty determinations to include medical boards
- Order appropriate laboratory, radiological, electrocardiograms, and other specialized studies
- Perform health maintenance for well patients including administering / supervising immunizations
- Prescribe medications as determined by the Medical Manual and local clinic/MTF policy
- Provide assistance as a Designated Medical Officer Adviser and Designated Supervising Medical Officer
- Take, evaluate, record medical history, and perform physical examinations to include occupational medicine
- Treat routine, acute, and chronic medical problems within scope of competence and exercised clinical judgment

MEDICAL MANAGEMENT: Provide initial and subsequent evaluations; establish working diagnosis, treatment, and case management per accepted treatment and management standards of care in the following Family Practice/Primary care conditions:

Advanced Cardiac Life Support	Gastrointestinal problems	Musculoskeletal problems	Psychiatric/behavioral problems
Cardiovascular problems	Genitourinary problems	Neurological problems	Respiratory problems
Dermatology problems	Gynecologic problems	Ophthalmologic problems	Rheumatology problems
Emergent/Urgent medical problems	Hematological problems	Otorhinolaryngology problems	Well child care (>2 yrs)
Endocrinology problems	Infectious diseases	Pediatric problems (>2 yrs)	

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CLINICAL PRIVILEGES – PHYSICIAN ASSISTANT & FAMILY NURSE PRACTITIONER (continued)

CLINICAL PROCEDURES: Perform clinical procedures per accepted standards of medical practice and local policy in the following:			
Aspiration/injection of joints/cysts	Intravenous therapy/hydration	Physical examinations	Thrombosed hemorrhoid mgm
Biopsy; shave, punch, excision	Laceration repair/local anesthesia	Proctoscopy	Tympanometry
Digit nail removal	Laryngoscopy, indirect	Provider performed microscopy	Vaginal diaphragm fitting
Foley Catheterization	Lavage; Cannulation/gastric	Radiographic interpretation (initial)	Venipuncture, peripheral
Foreign body removal (simple)	Nasal packing	Removal of foreign body	Wound management
Fracture/dislocation mgm (simple)	Ocular trauma mgm (simple)	School/Sport physicals	
Incision & drainage of abscess	Pelvic exams/PAP smear	Slit lamp examination	

SUPPLEMENTAL PRIVILEGES

* <u>SUPPLEMENTAL PRIVILEGES</u> (Original Initials Required)	PA/NP	SMO Recommendation		MLC Recommendation		WKH Recommendation	
	Requesting	Approval	Disapproval	Approval	Disapproval	Approved	Disapproved
Aviation Physician Assistant	_____	_____	_____	_____	_____	_____	_____
IUD Insertion/removal	_____	_____	_____	_____	_____	_____	_____
Norplant Insertion/removal	_____	_____	_____	_____	_____	_____	_____
Endometrial Biopsy	_____	_____	_____	_____	_____	_____	_____
Prenatal care (routine)	_____	_____	_____	_____	_____	_____	_____
Well-baby care < 2-y/o	_____	_____	_____	_____	_____	_____	_____
Others: _____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
[] Check box if NO additional privileges required							
SUPERVISING PHYSICIAN’S ADDITIONAL RECOMMENDATIONS/RESTRICTIONS:							

* Providers requesting supplemental clinical privileges must submit additional documentation supporting training and education.

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CLINICAL PRIVILEGES – PHYSICIAN ASSISTANT & FAMILY NURSE PRACTITIONER (continued)

<u>REVIEW AND SIGNATURES</u>	
PA/NP REQUESTING PRIMARY CARE PRIVILEGES:	
SIGNATURE _____	DATE: _____
SUPERVISING PHYSICIAN: _____	DATE: _____
CHIEF, HEALTH SERVICES DIVISION: _____	DATE: _____
MAINTENANCE AND LOGISTICS COMMAND (K) : _____	DATE: _____
COMMENTS: _____	

<u>CHAIRPERSON, PROFESSIONAL REVIEW COMMITTEE</u>	
SIGNATURE: _____	DATE: _____
<u>DIRECTOR OF HEALTH AND SAFETY</u>	
SIGNATURE: _____	DATE: _____