

LIST OF CLINICAL PRIVILEGES – PHYSICIAN ASSISTANT (PA)

AUTHORITY: Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

PRINCIPAL PURPOSE: To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.

ROUTINE USE: Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from the Air Force.

DISCLOSURE IS VOLUNTARY: However, failure to provide information may result in the limitation or termination of clinical privileges

INSTRUCTIONS

APPLICANT: In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect your current capability. Sign and date the form and forward to your Clinical Supervisor

CLINICAL SUPERVISOR: In Part I, using the facility master privileges list, enter Code 1, 2, or 4 in in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form and forward the form to the Credentials Office.

CODES: 1. Fully competent within defined scope of practice.

2. Supervision required. (Unlicensed/uncertified or lacks current relevant clinical experience.

3. Not approved due to lack of facility support. (Reference facility master Strawman. Use of this code is reserved for the Credentials Function.)

4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

CHANGES: Any change to a verified/approved privileges list must be made in accordance with Service specific credentialing and privileging policy

NAME OF APPLICANT

NAME OF MEDICAL FACILITY

I Scope		Requested	Verified
P388960	The scope of privileges for a Physician Assistant (PA) includes the evaluation, diagnosis, and treatment for patients of all ages with any symptom, illness, injury, or condition. PAs provide medical services within the scope of practice of the collaborating physician(s), including routine primary and preventive care of children and adults. PAs may refer patients to specialty clinics and assess, stabilize, and determine disposition of patients with emergent conditions.		
Diagnosis and Management (D&M)		Requested	Verified
P391164	Prescribe all medications, controlled substances (including Schedule II through V) and therapy regimens to include orthotics and prosthetics required within the scope of practice		
P391166	Recommend temporary limited duty profiles in accordance with Service policy		
P391168	Occupational and medical surveillance program physical examinations in accordance with the Occupational Safety and Health Administration (OSHA) and Service policy		
P391173	Provide evaluations of nuclear and chemical surety activities in accordance with applicable law and regulation		
P386002	Place patients on quarters in accordance with Service policy		
P391984	Electrocardiogram (EKG) preliminary interpretation		
D&M Advanced Privileges (Requires Additional Training):		Requested	Verified
P388432	Slit lamp examination		
Procedures		Requested	Verified
P388986	Laceration repair, minor one layer		
P388988	Excision of superficial cysts and skin lesions		
P388992	Irrigation of the eye, ear, and wounds		
P388995	Indirect laryngoscopy		
P388997	Fluorescein staining		
P388999	Splinting and stabilizing spine or extremity injuries		
P389001	Casting of extremities		
P389004	Tonometry and tonography		
P389006	Color vision testing		
P391181	Laceration repair requiring more than one layer of closure		
P391200	Aspiration and injection of joints and musculo-tendonous units		
P388376	Complete/partial nail removal with or without destruction of nail matrix		
P387759	Incision and drainage of cysts and minor abscesses		

LIST OF CLINICAL PRIVILEGES – PHYSICIAN ASSISTANT (CONTINUED)

Procedures (Con't)		Requested	Verified
P388387	Cryosurgical removal of skin lesions		
P388380	Arthrocentesis		
P388500	Reduction of simple closed fractures and dislocations		
P388483	Thrombosed hemorrhoid incision and drainage (I&D)		
P388473	Needle thoracostomy		
P388935	Emergency cricothyroidotomy		
P387757	Wound debridement		
P388669	Anoscopy		
Anesthesia privileges:		Requested	Verified
P387317	Topical and local infiltration anesthesia		
P387323	Peripheral nerve block anesthesia		
Skin biopsies:		Requested	Verified
P388391	Punch biopsy		
P388393	Shave biopsy		
Procedure Advanced Privileges (Requires Additional Training):		Requested	Verified
P388888	Intrauterine device (IUD) insertion		
P388675	Intrauterine device (IUD) removal		
P386389	Diaphragm fitting		
P388357	Flexible Sigmoidoscopy with and without biopsy		
P385367	Subcutaneous contraceptive rod insertion/removal		
P388481	Paracentesis		
P388364	Thoracentesis		
P385198	Tube thoracostomy		
P388359	Lumbar puncture		
P389010	Management of fingertip amputation		
P389012	Direct Laryngoscopy		
P388585	Placement of posterior nasal packs or balloons		
P388567	Vasectomy		
P391212	Ultrasonography exam and interpretation for trauma		
Anesthesia privileges:		Requested	Verified
P388406	Moderate sedation		
P387333	Regional nerve block anesthesia		
Other (Facility- or provider-specific privileges only):		Requested	Verified
SIGNATURE OF APPLICANT		DATE	

LIST OF CLINICAL PRIVILEGES – PHYSICIAN ASSISTANT (CONTINUED)

II CLINICAL SUPERVISOR'S RECOMMENDATION

RECOMMEND APPROVAL

RECOMMEND APPROVAL WITH MODIFICATION
(Specify below)

RECOMMEND DISAPPROVAL
(Specify below)

STATEMENT:

CLINICAL SUPERVISOR SIGNATURE

CLINICAL SUPERVISOR PRINTED NAME OR STAMP

DATE