

LIST OF CLINICAL PRIVILEGES – DERMATOLOGY

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
P383170	The scope of privileges in Dermatology includes the evaluation, diagnosis, and provision of consultation, and surgical treatment of patients with diseases of the skin and adjacent mucous membranes, cutaneous appendages, hair, nails, and subcutaneous tissue. Dermatologists may admit and may provide care to patients in the intensive care setting or the operating room in accordance with MTF policies. Privileges also include the ability to assess, stabilize, and determine the disposition of patients with emergent conditions in accordance with medical staff policy.		
Diagnosis and Management (D&M)		Requested	Verified
P383175	Fungal cultures		
P383183	Patch testing for delayed hypersensitivity		
P383185	Wood's light examination		
P383187	Photopatch testing		
P419515	Clinical microscopy (i.e., dermoscopy, microscopic examination of hair, parasitic infestations, wet preps, KOH preps, oil preps, ova and parasite preps, Tzanck preps, Gram stains, etc.)		
P419516	Pathologic interpretation of common skin, mucous membrane, and soft tissue neoplasms, inflammatory conditions, and other conditions affecting the skin, mucosa or soft tissues (does not include those listed under Advanced Privileges)		
P419517	Darkfield examinations		
D&M Advanced Privileges (Requires Additional Training):		Requested	Verified
P383191	Immunodermatology		
	Dermatopathology		
P419501	Interpretation of direct and indirect immunofluorescent studies of skin and mucosa, to include ELISA interpretation of cutaneous immunoreactants		
P419505	Gross and microscopic examination of tissue		
P419506	Evaluation of non-gynecologic cytology (i.e., skin preps, touch preps, core needle, fine needle, brushing and washing specimens)		
P419510	Performance and interpretation of fine needle aspiration		
P419511	Pathologic interpretation of complex skin, mucous membrane, and soft tissue neoplasms and other conditions affecting these tissues		
P419512	Interpretation of immunoperoxidase stains and other special stains used in the pathologic interpretation of surgical pathology specimens		
P419513	Interpretation of electron microscopy of skin diseases		
P419514	Interpretation of in-situ hybridization		

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Procedures		Requested	Verified
P383193	Curettage		
P383197	Electrosurgical removal of skin lesions		
P383201	Advanced Cryotherapy		
P383203	Flaps		
P383205	Hair transplantation		
P383207	Dermabrasion		
P383215	Surgery of the nail unit		
P383217	Lip shave		
P383219	Wedge resection - lip		
P383221	Rhinophymectomy		
P383223	Intralesional injections to include fillers and botulinum toxin		
P388387	Cryosurgical removal of skin lesions		
P383818	Chemical peels		
P383824	Liposuction/suction assisted lipectomy		
P383806	Blepharoplasty		
P419518	Grenz ray therapy		
P419519	Excision of benign and malignant skin, mucosal, and soft tissue neoplasms		
P419520	Acne surgery		
P419521	Photodynamic therapy of skin and mucous membranes		
P384164	Incision and drainage of cysts, simple abscesses and complex abscesses		
	Skin Biopsies:	Requested	Verified
P388391	Punch biopsy		
P388393	Shave biopsy		
P388395	Excisional biopsy		
P388397	Incisional biopsy		
	Phototherapy:	Requested	Verified
P383233	Phototherapy - UVB		
P383235	Phototherapy - UVA		
P383237	Phototherapy - Psoralen plus UVA		
	Laser Therapy/Surgery:	Requested	Verified
P383241	Treatment of pigmented lesions		
P383245	Laser for hair removal		
P383790	Laser skin resurfacing		
P383792	Laser treatment of cutaneous vascular lesions, tattoos, warts, and other cutaneous conditions		
	Grafts:	Requested	Verified
P383247	Grafts, Punch		
P384300	Grafts, split thickness skin		
P384303	Grafts, full thickness		
	Special Procedures:	Requested	Verified
P383253	Chemotherapy for psoriasis		
P383255	Sclerotherapy		
P383257	Cryotherapy of benign keratoses and warts		

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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