

LIST OF CLINICAL PRIVILEGES – PHYSICIAN ASSISTANT AEROMEDICAL

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 military service.

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, date and forward to your Clinical Supervisor.

CLINICAL SUPERVISOR: In Part I, using the facility master privileges list, enter Code 1, 2, 3, or 4 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, date and forward the form to the Credentials Office.

CODES: 1. Fully competent within defined scope of practice. (Clinical oversight of some allied health providers is required as defined in DHA PM 6025.13, vol 4)

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

3. Not approved due to lack of facility support. (Reference local facility privilege list. Use of this code is reserved for the Credentials Committee/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

ADDRESS

Physician Assistants requesting privileges in this physician assistant specialty must also request Physician Assistant (PA) privileges.

I. Scope: All PAs

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.		
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I. Scope: Specialty PAs

Requested

Verified

P391437	Scope of privileges for Aeromedical & Aerospace Medicine Physician Assistant includes evaluation, diagnosis, treatment & consultation on outpatient basis of aircrew & special operators. Providers are responsible for identification & prevention of various adverse human factors & physiological responses to hostile biologic & physical stresses encountered in the aerospace & operational environment, performance of special operational evaluations & dispositions, evaluation & initial management of hypoxia & G-induced loss of consciousness (GLOC), & application of operational medicine education to individuals & groups under their care. Aeromedical & Aerospace Medicine Physician Assistants apply aerospace medicine, preventive medicine & occupational medicine principles, perform flight duty medical evaluations, make medical recommendations for flying or special operational duty, complete aeromedical waivers, & perform profile officer duties as they apply to the communities served.		
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Diagnosis and Management (D&M)

Requested

Verified

P388665	Pre- and post-travel health counseling and care		
P390094	Interpretation of required audiometric exams		
P390098	Interpretation of comprehensive eye exams to determine refractive error, intraocular pressure, depth perception, ocular balance and color vision		
P390100	Outpatient psychiatric interviews to screen flight personnel for aeronautical adaptability, adjustment / behavioral disorders and / or neuroses or psychoses		

P389132	Medical management of operational use of fatigue management medications		
P386942	Medical management of occupational and environmental disease conditions/exposures		
P384756	Medical management of psychological and sociological stresses of deployment, special warfare, combat operations, sustained operations, and humanitarian operations.		
P383423	Provide basic occupational medicine services to meet regulatory and force health protection requirements and supervision of worksite evaluations and job-related medical surveillance.		
P429651	Initial evaluation and management of decompression illness which includes decompression sickness and arterial gas embolism.		
P429652	Perform occupational-specific medical examinations and interpret spirometry		
P429653	Manage and monitor radiation health program personnel		
P429654	Perform and complete Initial Flying Class and Flight Duty Medical examinations for aircrew and aviation classes IAW Service Specific Guidelines		
P429655	Perform and complete annual Flight, Dive, and other non-specified Special Warfare physicals for aircrew and other special operators IAW Service Specific Guidelines		
P429656	Provide occupational medicine support, conducting placement and periodic health exams for employees		
P429657	Assist in identifying occupational hazards, notifying appropriate agencies of occupational diseases or injuries, and investigating job related injuries or illness.		
P429658	Investigate, document and treat following aerospace / operational and / or training based physiologic incidents, to include (but not limited to) hypoxia, smoke and fumes, heat and cold injuries, and pressure related injuries.		
P429659	Initial evaluation of exposure to direct energy such as laser eye injuries and radiofrequency radiation.		
P429660	Medical management of motion / air sickness		
P429662	Initial evaluation and medical management of barotrauma		
Other (Facility or provider-specific only):		Requested	Verified
SIGNATURE OF APPLICANT		DATE	

LIST OF CLINICAL PRIVILEGES – PHYSICIAN ASSISTANT AEROMEDICAL (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