

LIST OF CLINICAL PRIVILEGES – PHYSICIAN ASSISTANT (PA) - OTOLARYNGOLOGY

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, 3, 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 using 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		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.		
P388966	Otolaryngology (ENT) PA. The scope of privileges for a PA in Otolaryngology includes the outpatient evaluation, diagnosis, treatment and consultation for patients of all ages presenting with diseases, deformities, or disorders of the head and neck. Otolaryngology PAs provide medical services within the scope of practice of the collaborating Otolaryngology surgeon. Otolaryngology PAs also provide perioperative care in conjunction with the treating surgeon. Otolaryngology PAs may assess, stabilize, and determine disposition of patients with emergent conditions in accordance with medical staff policy.		
Diagnosis and Management (D&M)		Requested	Verified
Procedures		Requested	Verified
P389018	Minor outpatient surgical procedures		
P388459	Flexible / rigid nasopharyngoscopy		
Other (Facility or provider-specific only):		Requested	Verified
SIGNATURE OF APPLICANT		DATE	

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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