

LIST OF CLINICAL PRIVILEGES – PHYSICIAN ASSISTANT (PA)- GENERAL SURGERY

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 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. (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.		
P388968:	General Surgery PA. The scope of privileges for a PA in General Surgery includes the outpatient evaluation, diagnosis, treatment, and consultation for patients of all ages to correct or treat various conditions, diseases, disorders, and injuries of the head and neck, chest, abdomen and its contents, extremities, breast, skin and soft tissues, and endocrine system. General Surgery PAs provide medical services within the scope of practice of the collaborating surgeon. They also provide perioperative care in conjunction with the treating surgeon. General Surgery PAs may assess, stabilize, and determine disposition of patients with emergent conditions in accordance with medical staff policy.		
Procedures		Requested	Verified
P389018	Minor outpatient surgical procedures		
Other (Facility- or provider-specific only):		Requested	Verified
SIGNATURE OF APPLICANT		DATE	

LIST OF CLINICAL PRIVILEGES – PHYSICIANS ASSISTANT GENERAL SURGERY (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