

## LIST OF CLINICAL PRIVILEGES – CERTIFIED NURSE MIDWIFE (CNM)

**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
<b>P385881</b>	The scope of privileges for CNMs includes the evaluation, diagnosis, and management of women's health care, focusing particularly on pregnancy, childbirth, the post-partum period, care of the newborn, and the family planning and gynecologic needs of women. Care is provided for uncomplicated pregnancy, labor, and vaginal delivery. CNMs may provide consultation, collaborative management, or referral to physicians with privileges to provide care in this specialty area. CNMs also promote health and risk reduction. Certified Nurse Midwives can admit to the facility.		
Diagnosis and Management (D&M)		Requested	Verified
<b>P385883</b>	Management of complicated pregnancy collaboratively with an obstetrician		
<b>P385996</b>	Treatment of male partners of patients with sexually transmitted diseases.		
<b>P388851</b>	Interpretation of stress and non-stress tests		
<b>P388853</b>	Management of vertex delivery		
<b>P388855</b>	Examination, care and resuscitation of the newborn		
<b>P385998</b>	Prescribe medications in accordance with Military Treatment Facility (MTF) Pharmacy and Therapeutics (P&T) policy		
<b>P386000</b>	Initiate, continue, and terminate temporary/limited duty profile in accordance with Service policy		
<b>P386002</b>	Place patients on quarters in accordance with Service policy		
<b>P388868</b>	Perform and interpret limited ultrasound, second or third trimester		
<b>P385324</b>	Therapy of condyloma and intraepithelial neoplasia		
<b>P385320</b>	First trimester ultrasound		
Procedures		Requested	Verified
	<b>Primary care and gynecology</b>		
<b>P387759</b>	Incision and drainage of cysts and minor abscesses		
<b>P388287</b>	Cryotherapy		
<b>P388872</b>	Excision of cysts		
<b>P385367</b>	Subcutaneous contraceptive rod insertion/removal		
<b>P385365</b>	Intrauterine device insertion/removal		
<b>P388844</b>	Large loop electrosurgical excision procedure (LEEP)		
<b>P388835</b>	Fitting of diaphragm or cervical cap		
<b>P388838</b>	Colposcopy with or without cervical biopsy		
	<b>Skin Biopsies:</b>		
<b>P388391</b>	Punch biopsy		

**LIST OF CLINICAL PRIVILEGES – CERTIFIED NURSE MIDWIFE (CNM) (CONTINUED)**

<b>Procedures (Con't)</b>		<b>Requested</b>	<b>Verified</b>
	<b><i>Skin Biopsies (Con't):</i></b>		
<b>P388393</b>	Shave biopsy		
<b>P388395</b>	Excisional biopsy		
<b>P388397</b>	Incisional biopsy		
<b>P388870</b>	Biopsies of vulva, perineum, cervix, endometrium		
	<b>Obstetrics</b>	<b>Requested</b>	<b>Verified</b>
<b>P385931</b>	Induction or augmentation of labor		
<b>P388784</b>	Amniotomy		
<b>P388620</b>	Placement of internal fetal and uterine monitoring devices		
<b>P388647</b>	Manual extraction of the placenta		
<b>P388874</b>	Uterine exploration and gauze curettage		
<b>P388876</b>	Bimanual compression for postpartum hemorrhage		
	<b><i>Repair episiotomy and obstetrical lacerations:</i></b>	<b>Requested</b>	<b>Verified</b>
<b>P385943</b>	Episiotomy		
<b>P385945</b>	First and second degree lacerations		
<b>P385951</b>	Third degree lacerations		
<b>P385953</b>	Fourth degree lacerations		
<b>P385955</b>	Labial and periurethral lacerations		
	<b>Anesthesia procedures:</b>	<b>Requested</b>	<b>Verified</b>
<b>P387317</b>	Topical and local infiltration anesthesia		
<b>P387323</b>	Peripheral nerve block anesthesia		
<b>P388535</b>	Pudendal nerve block anesthesia		
<b>P388829</b>	Paracervical block anesthesia		
	<b>Procedure Advanced Privileges (Requires Additional Training):</b>	<b>Requested</b>	<b>Verified</b>
<b>P388878</b>	First surgical assistant for Cesarean deliveries		
<b>P388565</b>	Newborn circumcision		
	<b>Operative vaginal deliveries:</b>	<b>Requested</b>	<b>Verified</b>
<b>P388788</b>	Forceps extraction		
<b>P388790</b>	Vacuum extraction		
	<b>Other (Facility- or provider-specific privileges only):</b>	<b>Requested</b>	<b>Verified</b>
<b>SIGNATURE OF APPLICANT</b>		<b>DATE</b>	

**LIST OF CLINICAL PRIVILEGES – CERTIFIED NURSE MIDWIFE (CNM) 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**