

## LIST OF CLINICAL PRIVILEGES – WOMEN’S HEALTH NURSE PRACTITIONER

**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 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, 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 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 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:**

I Scope		Requested	Verified
<b>P385990</b>	The scope of privileges for women's health nurse practitioners includes the evaluation, diagnosis, and treatment, disposition, and referral women of all ages with acute and chronic gynecologic and common non-gynecologic symptoms, illnesses, injuries, or conditions. WHNPs provide education on health, wellness, family planning, and the prevention and management of disease. WHNPs assess, stabilize, and determine disposition of patients with emergent conditions in accordance with medical staff policy.		
Diagnosis and Management (D&M)		Requested	Verified
<b>P385992</b>	Routine prenatal care for low-risk pregnancies		
<b>P385994</b>	Uncomplicated postpartum patients		
<b>P385996</b>	Treatment of male partners of patients with sexually transmitted diseases		
<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>P385324</b>	Therapy of condyloma and intraepithelial neoplasia		
<b>P385320</b>	First trimester ultrasound		
<b>P388861</b>	Perform and interpret limited ultrasound, second or third trimester		
Procedures		Requested	Verified
<b>P387759</b>	Incision and drainage of cysts and minor abscesses		
<b>P385367</b>	Subcutaneous contraceptive rod insertion/removal		
<b>P388835</b>	Fitting of diaphragm or cervical cap		
<b>P385365</b>	Intrauterine device insertion/removal		
<b>P388838</b>	Colposcopy with or without cervical biopsy		
<b>P388840</b>	Endocervical curettage		
<b>P388610</b>	Endometrial biopsy		
<b>P388287</b>	Cryotherapy		
<b>P388844</b>	Large loop electrosurgical excision procedure (LEEP)		
<b>P388846</b>	Excision/biopsy of vulvar lesions		
<b>P388848</b>	Needle aspiration for culture		
<b>P385419</b>	Biopsy of vaginal mucosa		



**LIST OF CLINICAL PRIVILEGES – WOMEN’S HEALTH NURSE PRACTITIONER (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**