

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 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, 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
P385881	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
P385883	Management of complicated pregnancy collaboratively with an obstetrician		
P385996	Treatment of male partners of patients with sexually transmitted diseases.		
P388851	Interpretation of stress and non-stress tests		
P388853	Management of vertex delivery		
P388855	Examination, care and resuscitation of the newborn		
P385998	Prescribe medications in accordance with Military Treatment Facility (MTF) Pharmacy and Therapeutics (P&T) policy		
P386000	Initiate, continue, and terminate temporary/limited duty profile in accordance with Service policy		
P386002	Place patients on quarters in accordance with Service policy		
P388868	Perform and interpret limited ultrasound, second or third trimester		
P385324	Therapy of condyloma and intraepithelial neoplasia		
P385320	First trimester ultrasound		
Procedures		Requested	Verified
	Primary care and gynecology		
P387759	Incision and drainage of cysts and minor abscesses		
P388287	Cryotherapy		
P388872	Excision of cysts		
P385367	Subcutaneous contraceptive rod insertion/removal		
P385365	Intrauterine device insertion/removal		
P388844	Large loop electrosurgical excision procedure (LEEP)		

LIST OF CLINICAL PRIVILEGES_CERTIFIED NURSE MIDWIFE (CNM) (CONTINUED)			
P388835	Fitting of diaphragm or cervical cap		
P388838	Colposcopy with or without cervical biopsy		
Skin Biopsies		Requested	Verified
P388391	Punch biopsy		
P388393	Shave biopsy		
P388395	Excisional biopsy		
P388397	Incisional biopsy		
P388870	Biopsies of vulva, perineum, cervix, endometrium		
Obstetrics		Requested	Verified
P385931	Induction or augmentation of labor		
P388784	Amniotomy		
P388620	Placement of internal fetal and uterine monitoring devices		
P388647	Manual extraction of the placenta		
P388874	Uterine exploration and gauze curettage		
P388876	Bimanual compression for postpartum hemorrhage		
Repair episiotomy and obstetrical lacerations:		Requested	Verified
P385943	Episiotomy		
P385945	First and second degree lacerations		
P385951	Third degree lacerations		
P385953	Fourth degree lacerations		
P385955	Labial and periurethral lacerations		
Anesthesia procedures:		Requested	Verified
P387317	Topical and local infiltration anesthesia		
P387323	Peripheral nerve block anesthesia		
P388535	Pudendal nerve block anesthesia		
P388829	Paracervical block anesthesia		
Procedure Advanced Privileges (Requires Additional Training):		Requested	Verified
P388878	First surgical assistant for Cesarean deliveries		
P388565	Newborn circumcision		
Operative vaginal deliveries:		Requested	Verified
P388788	Forceps extraction		
P388790	Vacuum extraction		
Other (Facility- or provider-specific privileges only):		Requested	Verified
SIGNATURE OF APPLICANT		DATE	

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