

LIST OF CLINICAL PRIVILEGES – GENETICS

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

If Genetics isn't the primary discipline, physicians requesting privileges in this specialty must also request privileges in their primary discipline.

I Scope		Requested	Verified
P387395	The scope of privileges for medical genetics includes clinical and laboratory evaluation, diagnosis, counseling, and treatment for patients of all ages with congenital malformations, hereditary disorders or at risk for a hereditary disorder. This includes evaluation for potential genetic diseases including single gene disorders, chromosomal disorders, congenital anomalies, inborn errors of metabolism, and common familial/multifactorial conditions. Geneticists may coordinate multidisciplinary care for individuals with genetic diagnoses. Geneticists may develop, perform, and interpret molecular, cytogenetic, and biochemical laboratory studies and may serve as directors of clinical laboratories. Geneticists may also provide comprehensive management of patients with inborn errors of metabolism, including outpatient and inpatient care.		
Diagnosis and Management (D&M)		Requested	Verified
P387401	Perform genetic risk calculations using Bayes' theorem, linkage analysis, and other statistical methods		
P387403	Develop, perform, and interpret molecular (DNA) laboratory studies		
P387405	Develop, perform, and interpret cytogenetic laboratory studies		
P387407	Develop, perform, and interpret biochemical genetic studies		
P387434	Provide dietary management, including comprehensive diet prescriptions and medical foods		
P387442	Manage inborn errors of metabolism		
Procedures		Requested	Verified
P387460	Post-mortem fetal examination, including fetal biopsy for chromosomal evaluation		
P387468	Skin biopsy		
Procedure Advanced Privileges (Requires Additional Training):		Requested	Verified
P387490	Genetic Amniocentesis		
P387492	Level II/Targeted Obstetric Ultrasonography		
Other (Facility- or provider-specific privileges only):		Requested	Verified

LIST OF CLINICAL PRIVILEGES – MEDICAL GENETICS (CONTINUED)

Other (Facility- or provider-specific privileges only) (Cont'd):		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
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