LIST OF CLINICAL PRIVILEGES – PEDIATRIC ENDOCRINE, DIABETES, AND METABOLISM

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

Providers requesting these privileges in this specialty must also request Pediatric privileges.

I Scope		Requested	Verified
P390366	The scope of privileges in Pediatric Endocrinology, Diabetes, and Metabolism includes the evaluation, diagnosis, treatment and consultation for patients from birth to young adulthood with a variety of conditions. These include, but are not limited to, diabetes, disorders of bone formation/metabolism, disorders of sexual development and puberty, disorders of the thyroid, adrenal and parathyroid, hirsutism, hypoglycemia, pituitary disorders including short stature, obesity and growth disorders. Physicians may admit to the facility and may provide care to patients in the intensive care setting in accordance with medical staff policies. In addition, privileges also include the ability to assess, stabilize, and determine the disposition of patients with emergent conditions in accordance with medical staff policy.		
Diagnosis and Management (D&M)		**Requested**	**Verified**
N/A			
Procedures		**Requested**	**Verified**
P388208	Fine needle thyroid biopsy		
P390368	Endocrine stimulation tests		
Other (Facility- or provider-specific privileges only):		**Requested**	**Verified**

SIGNATURE OF APPLICANT	DATE

LIST OF CLINICAL PRIVILEGES – PEDIATRICS ENDOCRINE, DIABETES, AND METABOLISM (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**