

LIST OF CLINICAL PRIVILEGES – ALLERGY & IMMUNOLOGY

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

Physicians requesting privileges in this subspecialty must also request privileges in their primary discipline as indicated/appropriate in accordance with Service policy.

I Scope		Requested	Verified
P387494	The scope of privileges in Allergy and Immunology includes the evaluation, diagnosis, consultation, management, and provision of therapy and treatment for patients presenting with hypersensitivity and immunologic conditions or disorders. This scope also includes the consultation, management, education, and provision of therapy and treatment for patients presenting for immunization healthcare including routine prevention, travel, education, military readiness and adverse events. Physicians may admit and may provide care to patients in the intensive care setting in accordance with MTF policies.		
Diagnosis and Management (D&M)		Requested	Verified
P387496	Performance and interpretation of diagnostic testing for immediate hypersensitivity disease (skin testing, challenges)		
P387498	Performance and interpretation of diagnostic testing for delayed hypersensitivity		
P387500	Performance and interpretation of diagnostic testing for reactive airway disease and asthma (e.g., spirometry with flow-volume loops, bronchodilator response, bronchoprovocation challenges)		
P387502	Immunoglobulin therapy		
P387505	Allergen immunotherapy		
P387507	Immunomodulator therapy		
P387509	Nasal Cytology		
Procedures		Requested	Verified
P387511	Drug and immunization challenges and/or desensitizations		
P387513	Autologous serum testing for autoimmune urticaria		
P387515	Fiberoptic rhinolaryngoscopy		
P387517	Exercise Challenge		
P387519	Food Challenge		
Other (Facility- or provider-specific privileges only):			
SIGNATURE OF APPLICANT		DATE	

CLINICAL PRIVILEGES – ALLERGY AND IMMUNOLOGY (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
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