

LIST OF CLINICAL PRIVILEGES – CLINICAL CARDIAC ELECTROPHYSIOLOGY

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 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 Internal Medicine Privileges.

Physicians requesting privileges in this subspecialty must also request Cardiology privileges.

I Scope

Requested

Verified

P388140

The scope of privileges in Clinical Cardiac Electrophysiology (CCEP) includes the scope of privileges for cardiology. CCEP focuses on the treatment of patients with complex heart rhythm or conduction abnormalities. CCEP involves interpreting noninvasive test results related to arrhythmia diagnosis and treatment, performing and interpreting invasive electrophysiologic testing, and performing cardiac ablation procedures.

Diagnosis and Management (D&M)

Requested

Verified

N/A

Procedures

Requested

Verified

P391890

Implant permanent pacemaker

P388184

Implant implantable cardioverter/defibrillator

P391892

Implant biventricular cardiac rhythm device

P388192

Interrogation and reprogramming of pacemakers and defibrillators

P388186

Electrophysiologic testing/interpretation

P388188

Ablation

P388196

Lead extraction

P391877

Trans-septal catheterization

P388180

Intravascular/intracardiac ultrasound

P420243

Percutaneous venoplasty

Other (Facility- or provider-specific privileges only):

Requested

Verified

SIGNATURE OF APPLICANT

DATE

LIST OF CLINICAL PRIVILEGES – CLINICAL CARDIAC ELECTROPHYSIOLOGY (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