

LIST OF CLINICAL PRIVILEGES – PEDIATRIC MEDICAL 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

Specialists in the specialty below must also request Pediatric privileges.

I Scope		Requested	Verified
P390693	The scope of privileges for Pediatric Medical Genetics includes the evaluation, diagnosis, treatment and consultation for patients of all ages with hereditary disorders. Physicians may use modern cytogenetic, molecular, and radiologic and biochemical testing to assist in specialized diagnostic evaluations, implement needed therapeutic interventions and provide genetic counseling and prevention through prenatal and pre-implantation diagnosis. The Medical Geneticist plans and coordinates screening for genetic diseases involving single gene and chromosomal disorders, congenital anomalies, inborn errors of metabolism, multifactorial conditions, and common disorders with hereditary factors. 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
	Skin Biopsies:		
P388391	Punch biopsy		
P388393	Shave biopsy		
P388395	Excisional biopsy		
Procedures Advanced Privileges (Requires Additional Training):		Requested	Verified
N/A			
Other (Facility- or provider-specific privileges only):		Requested	Verified
SIGNATURE OF APPLICANT		DATE	

LIST OF CLINICAL PRIVILEGES – PEDIATRIC MEDICAL GENETICS (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