

## LIST OF CLINICAL PRIVILEGES – ENDOCRINOLOGY

**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

I Scope	Requested	Verified												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center; vertical-align: top;"><b>P388200</b></td> <td style="padding: 5px;">The scope of privileges in endocrinology, diabetes, and metabolism includes the evaluation, diagnosis, treatment, and provision of consultation to patients (including critically ill patients) with injuries or disorders of the endocrine glands (e.g., thyroid and adrenal glands), metabolic and nutritional disorders, diabetes in pregnancy or gestational disorders, pituitary diseases, and menstrual and gonadal problems. Privileges include the performance of history and physical exams. Practitioners may admit and may provide care to patients in the intensive care setting in accordance with MTF policies. Specialists in endocrinology, diabetes, and metabolism assess, stabilize, and determine disposition of patients with emergent conditions in accordance with medical staff policy.</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>	<b>P388200</b>	The scope of privileges in endocrinology, diabetes, and metabolism includes the evaluation, diagnosis, treatment, and provision of consultation to patients (including critically ill patients) with injuries or disorders of the endocrine glands (e.g., thyroid and adrenal glands), metabolic and nutritional disorders, diabetes in pregnancy or gestational disorders, pituitary diseases, and menstrual and gonadal problems. Privileges include the performance of history and physical exams. Practitioners may admit and may provide care to patients in the intensive care setting in accordance with MTF policies. Specialists in endocrinology, diabetes, and metabolism assess, stabilize, and determine disposition of patients with emergent conditions in accordance with medical staff policy.												
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<b>Diagnosis and Management (D&amp;M)</b>		<b>Requested</b>	<b>Verified</b>											
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<b>Procedures</b>		<b>Requested</b>	<b>Verified</b>											
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<b>Other (Facility- or provider-specific privileges only):</b>		<b>Requested</b>	<b>Verified</b>											
<b>SIGNATURE OF APPLICANT</b>		<b>DATE</b>												

**LIST OF CLINICAL PRIVILEGES – ENDOCRINOLOGY (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