LIST OF CLINICAL PRIVILEGES – NEPHROLOGY

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
P383265	The scope of privileges in Nephrology includes the evaluation, diagnosis, treatment, and provision of consultation to adult patients presenting with illnesses and disorders of the kidney, high blood pressure, fluid and mineral balance, and dialysis of body wastes when the kidneys do not function. Physicians may admit and provide care to patients in the intensive care setting in accordance with MTF policies. 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
P383267	Prescription of immunomodulating therapies for treatment of renal parenchymal disorders		
P383269	Treatment of kidney transplant, including provision of maintenance therapies and diagnosis and treatment of rejection		
P383271	Medical management of pancreas transplantation		

Procedures		Requested	Verified
P388307	Acute hemodialysis		
P388309	Chronic hemodialysis		
P388311	Acute peritoneal dialysis		
P388313	Chronic peritoneal dialysis		
P388315	Continuous renal replacement therapy (CRRT)		
P388317	Therapeutic plasmapheresis		
P388319	Charcoal hemoperfusion		
P388321	Percutaneous placement of central venous hemodialysis catheters		
P388323	Percutaneous renal biopsy		
P419993	Chemical and microscopic urinalysis		
P419994	Percutaneous placement of arterial catheters for continuous renal replacement therapy		

LIST OF CLINICAL PRIVILEGES – NEPHROLOGY (CONTINUED)			
Other (Facility- or provider-specific privileges only):		Requested	Verified
SIGNATURE OF APPLICANT		**DATE**	

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