

LIST OF CLINICAL PRIVILEGES – AEROSPACE MEDICINE

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 military service.

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, 3, 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 local facility privilege list. Use of this code is reserved for the Credentials Committee/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:

ADDRESS:

Physicians requesting privileges in this specialty must also request privileges in their primary discipline and/or General Medical Officer privileges.

Physicians requesting privileges in this specialty must also request Flight Surgeon privileges.

I Scope		Requested	Verified
P388956	The scope of privileges for Aerospace Medicine physicians includes the evaluation, diagnosis, treatment and consultation on an outpatient basis of pilots, aircrew and patients who are transported by rotary or fixed-wing aircraft. Aerospace Medicine physicians are responsible to discover and prevent various adverse physiological responses to hostile biologic and physical stresses encountered in the aerospace environment, perform aeromedical evacuation and patient transport evaluations as well as special operational evaluations, perform evaluation and initial management of decompression illness, investigate disaster/mishap response, perform deployment and travel requirements evaluations, and apply operational medicine education to individuals and groups under their care. Aerospace Medicine Physicians may assess, stabilize, and prepare for aeromedical transport of patients with stable or emergent conditions, consistent with medical staff policy. Additionally, Aerospace Medicine physicians apply preventive medicine and occupational medicine principles as they apply to the aerospace/flight communities which they serve.		
Diagnosis and Management (D&M)		Requested	Verified
P386299	Manage radiation health conditions		
P386301	Interpret pulmonary function studies		
P386303	Interpret biological monitoring studies		
P386305	Interpret audiograms		
P386307	Perform occupational-specific medical examinations and certify respirator use		
	Hyperbaric Medicine:	Requested	Verified
P386309	Management of decompression sickness		
P386311	Initial management of air or gas embolism, acute traumatic ischemia, non-healing wounds, carbon monoxide poisoning, and suspected gas gangrene		
P386313	Clinical evaluation for therapeutic use of hyperbaric oxygen		
P386315	Medical management of in-hyperbaric chamber patients		
	Hypobaric Medicine:	Requested	Verified
P386317	Manage low atmosphere tension injuries		
P386319	Medical management of in-hypobaric chamber patients		

[illegible]

Other (Facility- or provider-specific privileges only)		Requested	Verified
SIGNATURE OF APPLICANT		DATE	

II	CLINICAL SUPERVISOR'S RECOMMENDATION
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☐ **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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