

## LIST OF CLINICAL PRIVILEGES – GENERAL MEDICAL OFFICER

**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:**

| I. Scope  |   | Requested        | Verified        |
|---|---|------------------|-----------------|
| <b>P387409</b>  | The scope of privileges for a General Medical Officer (GMO) includes the assessment, evaluation, diagnosis, and treatment of outpatients with uncomplicated and/or minor illnesses, diseases, injuries, and functional disorders. Physicians assess, stabilize, and determine disposition of patients in environments ranging from austere to fixed facilities in accordance with Service and MTF medical staff policies. The GMO will manage conditions consistent with training and will refer complex patients beyond the level of training to specialty medical care. |                  |                 |
| <b>Diagnosis and Management (D&amp;M)</b>                           |   | <b>Requested</b> | <b>Verified</b> |
| <b>P387413</b>  | Pulmonary spirometry testing and interpretation   |                  |                 |
| <b>P388591</b>  | Tympanometry  |                  |                 |
| <b>P388659</b>  | Care for pediatric patients from 2 to 16 years of age   |                  |                 |
| <b>P388661</b>  | Provide basic burn care   |                  |                 |
| <b>P388663</b>  | Perform Pap smears  |                  |                 |
| <b>P388665</b>  | Pre- and post-travel health counseling and care   |                  |                 |
| <b>P391984</b>  | Electrocardiogram (EKG) preliminary interpretation  |                  |                 |
|   |   |                  |                 |
| <b>D &amp; M Advanced Privileges (Requires Additional Training)</b> |   | <b>Requested</b> | <b>Verified</b> |
| <b>P387425</b>  | Care for pediatric patients under 2 years of age  |                  |                 |
| <b>P387428</b>  | Traumatic brain injury (TBI) prevention, diagnosis, triage and care   |                  |                 |
| <b>P387430</b>  | Primary behavioral / mental health care for uncomplicated conditions  |                  |                 |
| <b>P387432</b>  | Gyn problems to include treatment of minor infections and sexually transmitted diseases (STDs)  |                  |                 |
| <b>P387436</b>  | Recognition, early management and referral of 1st trimester pregnancy and its complications   |                  |                 |
|   |   |                  |                 |
| <b>Procedures</b>   |   | <b>Requested</b> | <b>Verified</b> |
| <b>P387438</b>  | Perform peripheral arterial puncture for arterial blood gas (ABG) analysis  |                  |                 |
| <b>P387444</b>  | Repair of cutaneous lacerations - multiple layers not involving tendons or nerves   |                  |                 |
| <b>P387317</b>  | Topical and local infiltration anesthesia   |                  |                 |

|   |  |                  |                 |
|---|--|------------------|-----------------|
| <b>P387323</b>  | Peripheral nerve block anesthesia  |                  |                 |
| <b>P387759</b>  | Incision and drainage of cysts and minor abscesses                         |                  |                 |
| <b>P388483</b>  | Thrombosed hemorrhoid incision and drainage (I&D)                          |                  |                 |
| <b>P388376</b>  | Complete / partial nail removal with or without destruction of nail matrix |                  |                 |
| <b>P388667</b>  | Splint and / or immobilize extremities                                     |                  |                 |
| <b>P388500</b>  | Reduction of simple closed fractures and dislocations                      |                  |                 |
| <b>P388669</b>  | Anoscopy   |                  |                 |
| <b>P388882</b>  | Repair of simple laceration  |                  |                 |
|   |  |                  |                 |
| <b>Skin Biopsies</b>  |  | <b>Requested</b> | <b>Verified</b> |
| <b>P388391</b>  | Punch biopsy   |                  |                 |
| <b>P388393</b>  | Shave biopsy   |                  |                 |
| <b>P388395</b>  | Excisional biopsy  |                  |                 |
| <b>P388387</b>  | Cryosurgical removal of skin lesions                                       |                  |                 |
| <b>P388671</b>  | Topical treatment of skin lesions  |                  |                 |
|   |  |                  |                 |
| <b>Head and Neck</b>  |  | <b>Requested</b> | <b>Verified</b> |
| <b>P388432</b>  | Slit lamp examination  |                  |                 |
| <b>P388430</b>  | Tonometry  |                  |                 |
| <b>P388496</b>  | Removal of ocular foreign body   |                  |                 |
| <b>P388583</b>  | Removal of nasal foreign body  |                  |                 |
| <b>P388589</b>  | Removal of otic foreign body   |                  |                 |
|   |  |                  |                 |
| <b>Procedure Advanced Privileges (Requires Additional Training)</b> |  | <b>Requested</b> | <b>Verified</b> |
| <b>P388380</b>  | Arthrocentesis   |                  |                 |
| <b>P388382</b>  | Joint injection  |                  |                 |
| <b>P388359</b>  | Lumbar puncture  |                  |                 |
| <b>P388673</b>  | Casting  |                  |                 |
| <b>P388675</b>  | Intrauterine device (IUD) removal  |                  |                 |
| <b>P388888</b>  | Intrauterine device (IUD) insertion  |                  |                 |
|   |  |                  |                 |
| <b>Other (Facility or Provider specific privileges only)</b>        |  | <b>Requested</b> | <b>Verified</b> |
|   |  |                  |                 |
|   |  |                  |                 |
|   |  |                  |                 |
|   |  |                  |                 |
|   |  |                  |                 |
|   |  |                  |                 |
| <b>SIGNATURE OF APPLICANT</b>                                       |  | <b>DATE</b>      |                 |
|   |  |                  |                 |

**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**