

## LIST OF CLINICAL PRIVILEGES – HEMATOLOGY - ONCOLOGY

**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 SUBSPECIALTY MUST ALSO REQUEST INTERNAL MEDICINE PRIVILEGES

I Scope		Requested	Verified
P390104	The scope of privileges in Hematology includes the evaluation, diagnosis, treatment, and provision of consultation to patients presenting with diseases of the blood, spleen, and lymph glands, and disorders of the immunologic system such as anemia, clotting disorders, sickle-cell disease, hemophilia, leukemia, and lymphoma. Physicians may admit and may 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		
P390106	The scope of privileges in Oncology include evaluation, diagnosis, treatment and provision of consultation to patients presenting with all types of cancer and other benign and malignant tumors. Physicians may admit and may 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
P390108	Tests of hemostasis and thrombosis for both congenital and acquired disorders and regulation of antithrombotic therapy		
P390110	Transfusion medicine including the evaluation of antibodies, blood compatibility and the use of blood-component therapy and apheresis		
P390112	Management of immunocompromised patients		
P390114	Management and care of indwelling access catheters		
P390116	Palliative care to include pain management		
P390118	Management of allogeneic stem cell transplant patients		
P390120	Management of cord blood stem cell transplant patients		
P390122	Management of autologous stem cell transplant patients		
P390124	Anti-neoplastic therapy, including chemotherapeutic drugs, biologic response modifiers and immunotherapy		

LIST OF CLINICAL PRIVILEGES – HEMATOLOGY - ONCOLOGY (CONTINUED)			
Procedures		Requested	Verified
P390126	Preparation and interpretation of bone marrow biopsy and aspirate		
P390128	Interpretation of peripheral blood smear		
P390130	Administration of chemotherapy and immunotherapy via intravenous, intrathecal, intraventricular, and intraperitoneal routes		
P390132	Access intraventricular access device		
Other (Facility- or provider-specific privileges only):		Requested	Verified
SIGNATURE OF APPLICANT		DATE	
II CLINICAL SUPERVISOR'S RECOMMENDATION			
<div> <input type="checkbox"/> RECOMMEND APPROVAL           <input type="checkbox"/> RECOMMEND APPROVAL WITH MODIFICATION (Specify below)           <input type="checkbox"/> RECOMMEND DISAPPROVAL (Specify below) </div> <p>STATEMENT:</p>			
CLINICAL SUPERVISOR SIGNATURE		CLINICAL SUPERVISOR PRINTED NAME OR STAMP	DATE