

## LIST OF CLINICAL PRIVILEGES – RHEUMATOLOGY

**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
<b>P388325</b>	The scope of privileges for rheumatology includes evaluation, diagnosis, and treatment of patients presenting with arthritis and other disorders of the joints, muscle and connective tissues, as well as autoimmune and systemic inflammatory disorders. Rheumatology physicians may admit patients to medical units or intensive care setting, may provide consultative care for patients on an inpatient service and the intensive care setting in accordance with MTF policies. Physicians may also assess, stabilize, and recommend the disposition of patients with emergent conditions in accordance with medical staff policy.		
<b>Diagnosis and Management (D&amp;M):</b>		<b>Requested</b>	<b>Verified</b>
<b>P388327</b>	Assessment of bone and joint imaging studies		
<b>P388329</b>	Applied use of immunosuppressive agents, specific disease remittive agents and immunomodulatory agents		
<b>Procedures:</b>		<b>Requested</b>	<b>Verified</b>
<b>P388333</b>	Musculoskeletal ultrasound		
<b>P391413</b>	Joint aspiration and injection		
<b>P391416</b>	Bursa aspiration and injection		
<b>Procedure Advanced Privileges (Requires Additional Training):</b>		<b>Requested</b>	<b>Verified</b>
<b>P388335</b>	Acupuncture		
<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 – RHEUMATOLOGY (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**