

LIST OF CLINICAL PRIVILEGES – SLEEP 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 SUBSPECIALTY MUST ALSO REQUEST PRIVILEGES IN THEIR PRIMARY DISCIPLINE

I Scope		Requested	Verified
P389146	The scope of privileges in sleep medicine includes the evaluation, diagnosis, treatment, and consultation for patients of all ages, presenting with conditions or disorders of sleep, hypersomnia, parasomnia, circadian rhythm, and sleep related movement disorders. They perform and interpret a variety of diagnostic tests in evaluation of sleep disorders. Physicians may admit and may provide care to patients in the intensive care setting in conformance with MTF policies.		
Diagnosis and Management (D&M)		Requested	Verified
P389148	Diagnostic Polysomnography		
P389150	Therapeutic Polysomnography		
P389152	Multiple Sleep Latency Testing		
P389154	Maintenance of Wakefulness Studies		
P389156	Actigraphy		
P389158	Unattended Portable Monitoring		

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

II

CLINICAL SUPERVISOR'S RECOMMENDATION

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RECOMMEND APPROVAL

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RECOMMEND APPROVAL WITH MODIFICATION
(Specify below)

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RECOMMEND DISAPPROVAL
(Specify below)

STATEMENT:

CLINICAL SUPERVISOR SIGNATURE

CLINICAL SUPERVISOR PRINTED NAME OR STAMP

DATE