

LIST OF CLINICAL PRIVILEGES – CLINICAL CARDIAC ELECTROPHYSIOLOGY

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 the Air Force.

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, 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 facility master Strawman. Use of this code is reserved for the Credentials 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

PHYSICIANS REQUESTING PRIVILEGES IN THIS SUBSPECIALTY MUST ALSO REQUEST INTERNAL MEDICINE PRIVILEGES

PHYSICIANS REQUESTING PRIVILEGES IN THIS SUBSPECIALTY MUST ALSO REQUEST CARDIOLOGY PRIVILEGES

I Scope		Requested	Verified
P388140	The scope of privileges in Clinical Cardiac Electrophysiology (CCEP) includes the scope of privileges for cardiology. CCEP focuses on the treatment of patients with complex heart rhythm or conduction abnormalities. CCEP involves interpreting noninvasive test results related to arrhythmia diagnosis and treatment, performing and interpreting invasive electrophysiologic testing, and performing cardiac ablation procedures.		
Procedures		Requested	Verified
P391890	Implant permanent pacemaker		
P388184	Implant implantable cardioverter / defibrillator		
P391892	Implant biventricular cardiac rhythm device		
P388192	Interrogation and reprogramming of pacemakers and defibrillators		
P388186	Electrophysiologic testing / interpretation		
P388188	Ablation		
P388196	Lead extraction		
P391877	Trans-septal catheterization		
P388180	Intravascular / intracardiac ultrasound		
P420243	Percutaneous venoplasty		
Other (Facility- or provider-specific privileges only):		Requested	Verified
SIGNATURE OF APPLICANT		DATE	

LIST OF CLINICAL PRIVILEGES – CLINICAL CARDIAC ELECTROPHYSIOLOGY (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