

## LIST OF CLINICAL PRIVILEGES – OB/GYN – REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY

**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**

### PROVIDERS REQUESTING PRIVILEGES IN THIS SPECIALTY MUST ALSO REQUEST PRIVILEGES IN THEIR PRIMARY OB/GYN SPECIALTY

I Scope		Requested	Verified
P425529	The scope of privileges for obstetrics- reproductive endocrinology and infertility includes the evaluation, diagnosis, and treatment of patients who have hormonal or fertility problems, including complex endocrinopathies.		
Procedures		Requested	Verified
P385477	Metroplasty		
P425530	Tubal repair procedures, including anastomosis, neosalpingostomy, fimbrioplasty, including microsurgical approaches		
P385495	Tubal reconstructive procedures using microsurgery		
P385525	In vitro fertilization		
P385533	Ultrasound or CT-guided needle aspiration, drainage or biopsy		
P388481	Paracentesis		
P388406	Moderate sedation		
P385443	Construction of artificial vagina (vaginal atresia or absence) with or without graft		
P385531	Reconstructive surgery for ambiguous genitalia		
SIGNATURE OF APPLICANT		DATE	

**LIST OF CLINICAL PRIVILEGES – OB/GYN - REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY (CONT.)**

**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