

LIST OF CLINICAL PRIVILEGES – PEDIATRIC 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 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 SPECIALTY MUST ALSO REQUEST PRIVILEGES IN PEDIATRICS

I Scope	Requested	Verified				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; vertical-align: top;">P390370</td> <td>The scope of privileges in Hematology-Oncology includes the evaluation, diagnosis, treatment and consultation for patients from birth to young adulthood presenting with diseases of the blood such as anemia, clotting disorders, sickle-cell disease, hemophilia, and cancers such as leukemia, lymphoma and other solid tumors. Physicians may admit to the facility and may provide care to patients in the intensive care setting in accordance with medical staff policies. In addition, privileges also include the ability to assess, stabilize, and determine the disposition of patients with emergent conditions in accordance with medical staff policy.</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>	P390370	The scope of privileges in Hematology-Oncology includes the evaluation, diagnosis, treatment and consultation for patients from birth to young adulthood presenting with diseases of the blood such as anemia, clotting disorders, sickle-cell disease, hemophilia, and cancers such as leukemia, lymphoma and other solid tumors. Physicians may admit to the facility and may provide care to patients in the intensive care setting in accordance with medical staff policies. In addition, privileges also include the ability to assess, stabilize, and determine the disposition of patients with emergent conditions in accordance with medical staff policy.				
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Diagnosis and Management (D&M):		Requested	Verified			
P390372	Bone marrow transplant management					
P390374	Antineoplastic therapy including chemotherapeutic drugs, biologic response modifiers, and immunotherapy					
Procedures:		Requested	Verified			
P385194	Bone marrow aspiration / biopsy					
P388765	Intrathecal administration of medication					
Other (Facility- or provider-specific privileges only):		Requested	Verified			
SIGNATURE OF APPLICANT		DATE				

LIST OF CLINICAL PRIVILEGES – PEDIATRIC HEMATOLOGY/ONCOLOGY (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