

LIST OF CLINICAL PRIVILEGES – PREVENTIVE 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:

I Scope		Requested	Verified
P383419	The scope of privileges in Preventive Medicine includes the evaluation, diagnosis, treatment and provision of consultation to patients and populations of all ages with communicable and/or preventable diseases and injuries. Preventive medicine physicians provide comprehensive epidemiologic and clinical investigation, assessment of disease and injury risk for individuals and population groups, direct health education, control measures for preventable diseases and injuries, determine adequacy of living and work environments, control communicable and preventable diseases and provide advice on nutrition, food service sanitation, water supply safety, sewage and waste disposal, immunizations, and health education. Physicians may admit and may assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy.		
Diagnosis and Management (D&M)			
Privileges		Requested	Verified
P383421	Provide medical consultation for unit deployments and individual travel, including assessment of geographically unique disease risks and ordering of appropriate interventions. Assist in the evaluation of illnesses acquired during international travel.		
P383423	Provide basic occupational medicine services to meet regulatory and force health protection requirements and supervision of worksite evaluations and job-related medical surveillance.		
P383425	Sexually Transmitted Infection Control Program Management, including screening, diagnosis and treatment.		
P383427	Tuberculosis (TB) Control Program Management, including screening, diagnosis and treatment for active TB cases, Latent Tuberculosis Infections (LTBI), management of contact investigations.		
P383429	Tobacco Cessation Program Management, including counseling, monitoring and treatment.		
P383431	Obesity Control Program Management, including screening, counseling and treatment.		
P388382	Joint injection		
P388331	Bursal injection		
P388432	Slit lamp examination		
Other: Facility and Provider Specific Privileges		Requested	Verified

SIGNATURE OF APPLICANT	DATE
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II	CLINICAL SUPERVISOR'S RECOMMENDATION
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RECOMMEND APPROVAL

RECOMMEND APPROVAL WITH MODIFICATION
(Specify below)

RECOMMEND DISAPPROVAL
(Specify below)

STATEMENT:

CLINICAL SUPERVISOR SIGNATURE	CLINICAL SUPERVISOR PRINTED NAME OR STAMP	DATE
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