Core Privileges for AHPs

Develop and Implement Criteria-Based Privileging for Nonphysician Practitioners

Third Edition

Sally Pelletier, CPMSM, CPCS

Contributors:
Carol S. Cairns, CPMSM, CPCS
Mary J. Hoppa, MD, MBA
Amy Niehaus, CPMSM, CPCS, MBA
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HCPro
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Pelletier advises clients in the areas of accreditation, regulatory compliance, credentialing, privileging, onboarding process simplification and redesign, and medical staff services department operations, and provides leadership and development training for medical staff leaders and MSPs.

She currently serves on the Editorial Advisory Board of the Credentialing Resource Center Journal and Medical Staff Briefing for HCPro, Inc., a division of BLR, in Danvers, Massachusetts. Pelletier serves as an expert witness, presents at state and national seminars on a variety of topics related to medical staff leadership training, leading practices in credentialing and privileging, and practitioner competency management, and is faculty for The Greeley Institute for Medical Services Professional Development.

Pelletier has served as secretary and as the Northeast region representative on the board of directors for the National Association Medical Staff Services (NAMSS). Other leadership roles for NAMSS have included serving as a NAMSS instructor; and chairing the Governance, Management, and Manpower Committee, the Bylaws Committee, and the Credentialing Elements Task Force. In addition, she served as president of the New Hampshire Association Medical Staff Services, from which she received the 2008 Excellence in Medical Staff Services Award. Pelletier began her career in 1992 as the medical staff coordinator at The Memorial Hospital in North Conway, New Hampshire.

Carol Cairns, CPMSM, CPCS

Carol Cairns, CPMSM, CPCS, has been in the unique position of seeing and participating in the development of the medical staff services profession for more than 45 years. In 1996, she founded Plainfield, Illinois-based PRO-CON, a consulting firm specializing in credentialing, privileging, medical staff organization operations, and survey preparation.

Cairns has counseled a variety of healthcare organizations on medical staff structure, bylaws content and revision, credentialing practices and procedures, privileging systems, medical staff law, allied health credentialing, medical staff leadership development, Joint Commission survey preparation, medical staff office operations, role and creation of a credentials verification organization, etc. A recognized expert in the field, Cairns is a frequent presenter at healthcare entities as well as state and national seminars.

In 1991, Cairns became clinical faculty for The Joint Commission by collaborating in the development of an educational program on credentialing and privileging medical staff and allied health professionals. She served as faculty for this program from 1991 through 2000. During that time, she coauthored two books published by The Joint Commission that focused on the medical staff credentialing and privileging standards.

Cairns, a faculty member of NAMSS since 1990, has presented at numerous state and national conferences. She coauthored the initial NAMSS educational program for certification of provider credentialing specialists (CPCS) and the Credentials 101 seminar, and is faculty for both programs.

In 1998, Cairns also began consulting and presenting with The Greeley Company. As senior consultant, she serves as an information resource for HCPro, and serves on the Editorial Advisory Board of the Credentialing Resource Center Journal. She has written all six editions of Verify and Comply: A Quick Reference Guide to Credentialing Standards, and served as a co-author of the third and fifth editions of Core Privileges for Physicians: A Practical Approach to Developing and Implementing Criteria-Based Forms. She has authored multiple books on credentialing allied health professionals (AHP),
among them A Guide to AHP Credentialing and Solving the AHP Conundrum: How to Comply with HR Standards Related to Nonprivileged Practitioners.

Cairns also coauthored The FPPE Toolbox and The Medical Staff’s Guide to Overcoming Competence Assessment Challenges. In fall 2013, The Greeley Company recognized her professional contributions by establishing the Aspire Higher scholarship. The scholarship is managed by NAMSS and presented annually.

From 1996-2006, Cairns served the National Committee on Quality Assurance (NCQA) as a surveyor in the certification program for credentials verification organizations. During that time, she also presented programs as an NCQA faculty member on CVO Certification and the NCQA credentialing standards.

For the past 18 years, Cairns has been an advisor to healthcare attorneys, including providing expert witness testimony regarding credentialing and privileging issues. She was also invited by the American Osteopathic Association to provide input into the development of the medical staff and AHP standards for the 2005 Healthcare Facilities Accreditation Program Manual. In 2005, the Illinois Association Medical Staff Services presented Cairns with a Distinguished Member award.

Cairns’ career in medical staff services began in Joliet, Illinois, where she coordinated and directed medical staff services for two healthcare organizations (Presence Saint Joseph Medical Center and Silver Cross Hospital). Among her areas of responsibilities were credentialing, privileging, meeting management, quality improvement activities, medical staff orientation, and CME programming, as well as serving as a liaison between medical staff and hospital administration and directors. In 2010, Cairns “returned to the beginning” by accepting an appointment to the Board of Directors Bylaws and Credentialing Committee of Presence Saint Joseph Medical Center.

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Mary J. Hoppa, MD, MBA, is a senior consultant with The Greeley Company. She brings more than 25 years of healthcare leadership and management experience to her work with physicians, hospitals, and healthcare organizations across the country. Her roles in hospital administration and medical staff leadership in academic and community hospital settings make her uniquely qualified to assist physicians and medical centers in developing effective solutions to their most significant challenges. She has experience in credentialing and privileging, peer review and quality, medical staff education, and conflict resolution, and is the leader of The Greeley Company’s bylaws division. She brings this experience into the accreditation practice.

Dr. Hoppa is a family physician with more than 15 years of post-residency practice experience, including chief medical officer at Methodist Hospital in Merrillville, Ind. Her previous positions include physician advisor, medical director of an employed physician group, medical director of various insurance plans, and member of the Iowa Board of Medical Examiners.

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Contributor

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Amy Niehaus, CPMSM, CPCS, MBA, is a consultant with The Greeley Company. She has more than 25 years’ experience in the medical services and credentialing profession and has worked in multiple environments throughout her career, including acute care hospitals, credentials verification offices (CVO), and managed care organizations. In her current role, Niehaus advises clients in the areas of accreditation, regulatory compliance, credentialing, process simplification and redesign, CVO development, credentialing technology and delegation.

Niehaus has been a member of NAMSS since 1991 and achieved her CPMSM certification in 1992 and CPCS certification in 2002. She has been a NAMSS Instructor since 2010 and previously served as Chair of its Managed Care Organization Task Force, as well as Chair and Member of the NAMSS Education Committee. She is a former president of the Missouri Association Medical Staff Services and its Greater St. Louis Area chapter.
Introduction

The privileging of non-physician healthcare professionals poses challenges that differ from those encountered when privileging physicians. Before an organization can focus on credentialing and privileging these types of practitioners, it is essential to have a broad understanding of the issues related to the various disciplines of non-physician healthcare professionals.

Over the years, the following have emerged as trouble spots or stumbling blocks in this area:

- The lack of a clear definition of the types of practitioners who require privileging
- The wide range of clinical scopes defined by healthcare organizations
- Varying and unclear licensure requirements from state to state
- An increasing number of physicians employing non-physician healthcare practitioners for clinical assistance

Understanding recent and ongoing changes in healthcare will also help organizations chart future courses for utilizing these practitioners.

The importance of identifying applicable state statutes for all non-physician healthcare professionals cannot be overemphasized. It is paramount that organizations understand the difference between what scope of practice is permitted by the state licensing organization and what clinical privileges will be permitted by the healthcare facility.

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1 Organizations may also categorize this group of practitioners as allied health professionals or practitioners. Non-physician healthcare professionals include advanced practice professionals, e.g., advanced practice nurses, physician assistants, radiology assistants, anesthesiology assistants, and pathology assistants performing a medical level of care, as well as other disciplines such as registered nurse first assistants, surgical assistants, and surgical technicians who perform invasive surgical tasks under a defined degree of supervision and are required by CMS’ Conditions of Participation to be granted clinical privileges.
In recent years, many pieces of state and federal legislation have been introduced for non-physician healthcare professionals, particularly advanced practice professionals (APP), that propose:

- Expansion of their scopes of practice
- Extending the level of their clinical independence
- Entitling more categories to direct reimbursement

Many of these efforts have been successful. For example, the number of states allowing nurse practitioners (NP) to practice independently is increasing every year.

The changing services provided by healthcare organizations have also affected non-physician healthcare professionals’ credentialing. These changes have prompted extended utilization in a variety of settings that are no longer solely within the domain of the acute care facility. Increasing numbers of physicians are recognizing the benefits to be gained by allowing an expansion of scope for APPs and are approaching healthcare organizations, seeking approval for them to provide additional services within that setting.

**Sources Used to Develop the Core Privilege Forms**

Each non-physician healthcare professional discipline has been researched from the aspects of state licensing requirements, statements of professional organizations, required education and training, general supervision requirements, and a general overview of the description of the profession. Organizations can use the sample privilege delineation forms to tailor their own privileging requirements to each discipline.

The privilege delineation forms outline the qualifications and potential clinical practice for each of the disciplines, including anesthesiologist assistants, pathologists’ assistants, radiologist assistants, psychologists, certified nurse midwives, NPs, certified registered nurse anesthetists, clinical nurse specialists, registered nurse first assistants, and physician assistants (PA). Because many of the disciplines have become subspecialized, there are sample forms for NPs and PAs in subspecialty disciplines, such as orthopedics, women’s health, acute care, psychiatric and mental health, etc. As healthcare organizations seek to define the level of care they want to permit, they will find these forms to be valuable tools.

We have included references to various types of certifications available for advanced practice nurses and PAs as applicable on the core privileging forms. However, just as healthcare organizations and medical staffs need to make their own decision related to the requirements for specialty-specific board certification for physicians, organizations must also consider whether they will require specialty- or
Customizing the Core Privilege Forms

According to CMS, delineation of clinical privileges must be hospital-specific. Therefore, when developing your core privileging system, list only the services and procedures that your hospital currently provides, e.g., an activity/task/procedure that the hospital can support and is conducted within the hospital. Do not include services and procedures that your hospital might offer in the future—the forms will not be hospital-specific if they contain services that the hospital does not currently provide.

It is increasingly imperative for organizations to fully understand the nuances associated with statutory and regulatory requirements for NP and PA practice. Some state laws describe the scope in a rather perfunctory manner while other states are a great deal more specific about not only the defined scope of practice but also (particularly in the case of NPs) the specific education, training, and/or certification required to perform the scope of practice. In Texas, for example, the scope of practice of certain specialty areas for advanced practice nurses is to be defined by national professional specialty organizations or advanced practice nursing organizations that would be recognized by the Texas Board of Nursing. Because state-specific requirements vary, organizations must research and incorporate state-specific requirements for education and certification into privilege documents as applicable.

Once your hospital adopts a policy governing the threshold or basic qualifications for eligibility to apply for privileges, it should develop a process for the medical staff to prepare specific criteria for evaluating privilege requests. For example, if your hospital requires physicians to have formal training for a specialty area, the medical staff should decide which procedures and conditions should be listed within the specialty. The medical staff then should identify what constitutes acceptable training in the specialty. The medical staff also should determine requirements for recent experience, such as documentation of the number and types of cases performed in the past 12 months or the minimum number of patients treated within the past 12 months.

Throughout the document, you will see \([n]\) used in place of a specific number of cases. Your hospital should define the minimum case/patient volume (the \([n]\) ) required to maintain clinical competence as recommended by the applicable department chair and the medical executive committee and subject to approval by the governing board.

The presence of APPs in hospitals has grown exponentially during the past decade because collaborating and supervising physicians have realized the value of APPs and often seek to expand the role of APPs. Furthermore, APPs seek to increase their knowledge and skill base and thus their scope of practice. The impending physician shortage provides a third incentive for organizations to
create mechanisms to expand privileges for APPs. This adds to the complexity of privileging for these additional privileges or procedures and requires that the appropriate structure or mechanism be put in place. Academic hospitals inherently have a framework in place for on-site education and training. However, in community hospitals, this is not typically the case.

Therefore, the first step in this process must be that the healthcare organization’s leadership (governing body, senior administration, and medical staff) determines that its mission and culture would support expansion of privileges for APPs through an on-site education and training program. One aspect of this decision would be to assure that the facility’s professional liability carrier would include this activity.

Once the decision is made to move forward, the organization is now ready to determine the policy and procedures necessary to accomplish its goal. Because this is a complex issue, we have provided a template policy and procedure to address the expansion or “training up” of privileges for APPs. (See Page xvi.)

If your organization determines that training up for APPs under direct supervision is not going to occur, then your privilege forms need to require that applicants’ training and experience must correlate to the requested privileges, and the eligibility route for direct supervision to allow for training up is not provided.

**Procedure Lists**

The core procedure lists attached to each of the relevant privilege forms provide examples of the procedures that may be performed within a particular non-physician healthcare professional discipline. Please note that these lists are not all-inclusive but, rather, are a sampling of procedures that may fall under a particular specialty.

These lists also must be hospital-specific, as noted above. Each facility should review the privilege request forms and associated procedure lists and then modify the privilege request form by adding or deleting procedures as necessary.

Non-physician healthcare professionals in your facility might not perform all of these procedures or they might perform additional procedures that are not listed in this book. Customize these lists to match the scope of your hospital services. Your chief of surgery, operating room scheduling supervisor, medical director of the endoscopy suite, and other clinical chiefs should assist in the review of the procedure lists relevant to the specialty area of clinical practice. Many organizations have found that the expertise provided by an allied health credentials committee consisting of advanced practice nurses and physician assistants is extremely valuable.

The medical executive committee (MEC) should oversee the process. Once the process is complete, the MEC will make its recommendation to the governing board.
Important Disclaimer

The sample core privileging forms that follow include a large amount of controversial information—particularly concerning the criteria for determining competence for specific specialties and procedures. These forms should be considered sample drafts only—they are not specific or definitive recommendations by the author.

Before adopting these forms, carefully review and modify them to meet the specific needs and environment of your hospital or healthcare facility. The descriptions of the core, the special procedures, the procedure lists, and the criteria should all be customized to your organization. The forms should be consistent with your organization’s current medical staff or health plan bylaw provisions governing the credentialing and privileging processes. Have the forms reviewed by knowledgeable legal counsel to ensure that they comply with relevant local, state, and federal laws and regulations.

All of the content within the forms should be reviewed and customized for your organization. We have utilized [brackets] throughout the document to highlight areas of focused discussion and decision.

For hospitals that have clinics operating under the provider number of the hospital, those clinics and the practitioners working in those clinics need to be included in the medical staff privileging process. The content of the core forms provided in this book are primarily focused on the “traditional hospital” setting. Because there may be additional procedures or testing done in the clinic or ambulatory environment for which the non-physician healthcare professional must be privileged, organizations should be aware of their responsibility to include all such clinical activities, whether they occur in the hospital or in the provider-based clinic.

NOTE: The content of these forms delineates the concept of “training up” and allows organizations to identify the core and the procedures that require direct supervision. Organizations that transition the content of these forms into an electronic privileging module must ensure that this concept is accurately displayed within the software.
Sample Policy & Procedure for Expansion ("Train Up") of Privileges for Advanced Practice Professionals (APP)

Background
The presence of APPs in hospitals has grown exponentially during the past decade. For purposes of this policy, APPs are defined as physician assistants (PA) and advanced practice registered nurses, with this latter group including certified registered nurse anesthetists, certified nurse midwives, nurse practitioners, and clinical nurse specialists. Collaborating and supervising physicians have realized the value of APPs and often seek to expand the role of APPs. Further, APPs seek to increase their knowledge and skill base and thus their scope of practice.

Thus the first step in this process must be that the healthcare organization’s leadership (governing body, senior administration, and medical staff) determines that its mission and culture would support expansion of privileges for APPs through an on-site education and training program. One aspect of this decision would be to ensure that the facility’s professional liability carrier would include this activity. Once the decision is made to move forward, the organization is now ready to determine the policy and procedures necessary to accomplish its goal.

Objective
The objective of this policy is to make certain that patient safety and quality are adequately protected by establishing a safe and effective training process to increase the capabilities and competencies (cognitive and procedural) of each APP who requests additional clinical privileges for which he or she has limited or no training and experience. The mechanism by which this training process is accomplished will be through the granting of privileges under direct supervision.

Policy
Any practitioner seeking clinical privileges (including privileges under direct supervision) to provide care, treatment, or services must first be granted permission to do so by the governing body based upon a recommendation by the medical executive committee.

Requests for clinical privileges are processed only when the potential APP applicant meets the governing body’s current minimum threshold criteria. If potential APP applicants do not meet these criteria, their applications will not be processed. In the event there is a request for a privilege for which there is no established criteria for APPs and/or the privileges were previously granted only to physicians, the governing body must determine whether it will allow APPs the privilege in question. If the governing body allows the privilege for APPs, criteria will be developed in accordance with medical staff policy.

APPs who do not meet established eligibility criteria and cannot demonstrate the requisite competence for the requested expansion of privileges may be allowed to “train up” through privileges granted under the direct supervision of their collaborating or supervising physician or designee.

For the purposes of this policy, direct supervision means that the collaborating or supervising physician or designee is acting as a preceptor² and is therefore required to be physically present.

² Precepting is a process through which a practitioner gains experience and/or training on new skills and knowledge. Proctoring is a different activity that confirms previously acquired competency. Precepting and proctoring are therefore not interchangeable terms.
Procedure

APPs and their collaborating or supervising physicians will submit a written request to “train up” to the medical staff services department. A prerequisite is that the physician preceptor(s) must have the privilege(s) being requested by the APP. The request will include:

A. The specific privilege(s) requested
B. The name(s) of preceptor(s)
C. The anticipated length of training
D. Competency measures
E. Patient population (if applicable)

The request for privileges under direct supervision will be considered in accordance with the medical staff bylaws and policies and procedures related to clinical privileging, e.g., department chair review and recommendation (if applicable), credentials committee review and recommendation (if applicable), medical executive committee review and recommendation, and governing body action.

If the APP holding privileges under direct supervision wishes to request the independent practice of the privilege and the collaborating or supervising physician confirms that the APP is competent to perform the privileges independently, then the medical staff policy for modification of clinical privileges should be followed.

NOTE: Patient consent must be obtained for invasive procedures under direct supervision.
Section 1

Clinical Privileges for Advanced Practice Nurses
Certified Nurse-Midwife Clinical Privileges

Name: _____________________________________________________
Effective from _______/_______/_______ to _______/_______/_______

- Initial Appointment (initial privileges)
- Reappointment (renewal of privileges)

All new applicants must meet the following requirements as approved by the governing body effective:____/____/______.

Applicant: Check off the “Requested” box for each privilege requested. If you wish to exclude any procedures, please strike through the procedures which you do not wish to request, initial, and date. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications, and for resolving any doubts related to qualifications for requested privileges.

[Department chair/chief]: Check the appropriate box for recommendation on the last page of this form and include your recommendation for focused professional practice evaluation (FPPE). If recommended with conditions or not recommended, provide conditions or explanation on the last page of this form.

Other conditions:

- If any privileges are covered by an exclusive contract or an employment contract, practitioners who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience.
- Privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- The core procedure list is not intended to be an all-encompassing procedure list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

Affiliation with Medical Staff/Physician Involvement

NOTE: This section may not be applicable in some organizations. This section should be deleted if the certified nurse-midwife is practicing independently and a signed collaborative or supervising agreement is not required by law or by the organization.

The exercise of these clinical privileges requires a designated collaborating physician with clinical privileges at this hospital in obstetrics. All practice is performed in accordance with a written agreement and policies and protocols developed and approved by the relevant clinical department or service, the medical executive committee, nursing administration, and the governing body. A copy of the written agreement signed by both parties is to be provided to the hospital.

In addition, the collaborating physician must:

1 For Joint Commission- and HFAP-accredited hospitals only.
Certified Nurse-Midwife Clinical Privileges

Name: _____________________________________________________
Effective from _______/_______/_______ to _______/_______/_______

- Participate as requested in the evaluation of competency (e.g., FPPE, OPPE, at the time of reappointment, and, as applicable, at intervals between reappointment),
- Be physically present, on hospital premises or readily available by electronic communication or provide an alternate to provide consultation when requested and to intervene when necessary,
- Assume total responsibility for the care of any patient when requested or required by the policies referenced above or in the interest of patient care,
- Sign the privilege request of the practitioner he/she supervises, accepting responsibility for appropriate supervision of the services provided, and agree that the supervised practitioner will not exceed the clinical privileges defined by law and the written agreement,
- Co-sign entries on the medical record of all patients seen or treated by the collaborating practitioner in accordance with organizational policies.

The hospital leadership (governing body, senior administration, and medical staff) has determined that its mission and culture [supports/does not support] the expansion of privileges for advanced practice professionals (APP) through on-site training, e.g., direct supervision. See Hospital Policy on Expansion (“Train Up”) of Privileges for APPs).

QUALIFICATIONS FOR CERTIFIED NURSE-MIDWIVES (CNM)

<table>
<thead>
<tr>
<th>Education and training</th>
<th>Successfull completion of a nurse midwifery program accredited by the Accreditation Commission for Midwifery Education (ACME) (formerly American College of Nurse Midwives–ACNM).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certification</td>
<td>Current active certification by the American Midwifery Certification Board (AMCB), [or be actively seeking initial certification and obtain the same on the first examination for which eligible] is required for initial applicants and reapplicants.</td>
</tr>
<tr>
<td>Licensure</td>
<td>Current active license to practice as an advanced practice nurse in the CNM category in the state of [state name] is required for initial applicants and reapplicants.</td>
</tr>
<tr>
<td>Required current experience–initial</td>
<td>Demonstrated current competence and evidence of performance of at least 15 deliveries\textsuperscript{2} in the past 12 months or completion of an accredited nurse midwifery program in the past 12 months. Experience must correlate to privileges requested.</td>
</tr>
<tr>
<td>Required current experience–renewal</td>
<td>Adequate volume of experience ([n] deliveries) for the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation (OPPE) and outcomes. Experience must correlate to privileges requested.</td>
</tr>
</tbody>
</table>

\textsuperscript{2} Delivered by certified nurse-midwife.
Certified Nurse-Midwife Clinical Privileges

| Name: ________________________________ |
| Effective from __________/________/____ to __________/________/____ |

| Ability to perform (health status) | Evidence of current ability to perform privileges requested is required of all applicants and reapplicants. |

Coverage of Obstetrical Cases

A CNM may manage and deliver an obstetrical patient who has had no major complications during her pregnancy, and who is expected to have an essentially uncomplicated labor and delivery.

A CNM may manage the care of women without medical or obstetrical complications with the following conditions:

- Evaluation of complaint of labor at term with an uncomplicated pregnancy
- Evaluation of complaint of rupture of membranes at term with an uncomplicated pregnancy
- Uncomplicated urinary tract infection
- Uncomplicated vaginitis, positive chlamydia or gonorrhea culture
- Evaluation of complaint of premature onset of contractions (The diagnosis of preterm labor warrants transfer of care to the physician service.)
- Evaluation of complaint of spontaneous rupture of membranes at term (Confirmation of preterm rupture of membranes warrants transfer of care to the physician service.)
- Common mild infection-related diseases
- Status/post motor vehicle accident or other abdominal trauma without evidence of vaginal bleeding, placental abruption, or preterm labor
- Gastrointestinal distress
- Women with documented lower uterine segment transverse incision who have received appropriate counseling regarding a trial of labor and have agreed to such a trial.

In accordance with hospital policy, the CNM should seek consultation with the collaborating physician in accordance with hospital policy for women who present with the following conditions. This list is not inclusive of all possible complications:

Pre-existing medical conditions, including:

- Active or significant liver disease (e.g., active hepatitis B, cirrhosis, etc.)
- Any other serious medical condition, including those requiring daily medication
- Chronic hypertension
Certified Nurse-Midwife Clinical Privileges

Name: _____________________________________________________
Effective from _______/_______/_______ to _______/_______/_______

- Chronic renal disease
- Collagen vascular disease
- Diabetes mellitus
- Hemoglobinopathies or other blood dyscrasia
- HIV positive status
- Neurologic disorders
- Severe asthma, active tuberculosis or other significant lung disease
- Thrombo-embolic disease/cardiac disease

Obstetrical complications, including:
- Active chemical drug dependency, involving opiates, cocaine, sedative-hypnotics, or other drugs, the withdrawal from which can be life-threatening
- Active herpes simplex virus lesions in the presence of ruptured membranes or labor
- Cervical cerclage present
- Conditions which require ultrasound evaluation—excluding limited third-trimester ultrasounding
- Evidence of IUGR
- Evidence of oligohydramnios
- Gestational diabetes requiring insulin
- Intrauterine fetal demise
- Isoimmunization
- Known significant fetal anomalies
- Malpresentation
- Multiple gestation
- No prenatal care
- Placenta previa (if in late second or third trimester)
- Pre-eclampsia or eclampsia
- Pregnancies at or beyond 42 weeks
- Pregnancy-induced hypertension without evidence of pre-eclampsia
- Preterm labor <36 weeks gestation
Certified Nurse-Midwife Clinical Privileges

Name: _____________________________________________________
Effective from _______/_______/_______ to _______/_______/_______

- Previous cesarean delivery with classical scar or unknown scar
- Previous cesarean section (lower transverse uterine segment) in patients who have not received counseling regarding a trial of labor
- Suspected placental abruption, or chronic abruption
- Uterine infection

After consultation with the collaborating physician, the patient may 1) remain under CNM management, 2) be collaboratively managed for the remainder of the intrapartal period, or 3) be medically managed by the physician.

Core Privileges for Certified Nurse-Midwives

- Requested  Assess, diagnose, monitor, promote health and protection from disease, and manage care to adolescent and adult females focusing on pregnancy, childbirth, the postpartum period, gynecological needs, and the care of the well newborn [during the first 28 days of life]. CNMs [may/may not] admit patients to the hospital. They may provide care to patients in the intensive care setting in conformance with unit policies, as well as assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the following procedure list and such other procedures that are extensions of the same techniques and skills.
  - Admission orders [after notification of collaborating physician]
  - Perform history and physical examination

Intrapartum management:
  - Confirmation and assessment of labor and its progress
  - Assessment of maternal and fetal status during labor including conducting fetal surveillance and interpretation of fetal monitor tracing
  - Order routine laboratory, radiological, sonographical, and other diagnostic examinations
  - Collect specimens for pathological examination
  - Administer local or pudendal anesthesia and order epidural anesthesia when indicated
  - Perform amniotomy
  - Co-manage (with collaborating/consulting physician) moderate- and high-risk conditions, including but not limited to: pre-eclampsia, gestational diabetes, preterm labor, chorioamnionitis
  - Perform induction of labor [after consultation with physician]
Certified Nurse-Midwife Clinical Privileges

Name: _____________________________________________________

Effective from _______/_______/_______ to _______/_______/_______

- Initiate amnio-infusion [after consultation with physician]
- Apply management strategies and therapeutics to facilitate physiologic labor progress (not less than 36 weeks gestational age and not more than 42 weeks completed gestation)
- Manage spontaneous vaginal delivery
- Perform cord blood sampling
- Explore the uterus and manually remove placenta fragments
- Perform and repair midline/mediolateral episiotomies
- Repair first- and second-degree perineal lacerations and other associated lacerations
- Apply techniques for management of emergency complications and abnormal intrapartum events

Postpartum management:
- Provide care to mothers and infants in the postpartum period
- Perform hemorrhage stabilization with physician consultation if needed
- Manage midwifery elements of selected high-risk conditions after consultation with physician
- Monitor vital signs, lochia, fundus, and bladder functions in the immediate postpartum period
- Conduct postpartum rounds and examination
- Facilitation of the initiation, establishment, and continuation of lactation

Manage the care of the well newborn:
- Evaluate the newborn including initial gestational age assessment, and initial and ongoing physical and behavioral assessment
- Apply methods to facilitate adaptation to extrauterine life: Stabilization at birth, resuscitation, and emergency management
- Refer newborn to pediatrician for further evaluation and care as indicated

Special Non-core Privileges (See Specific Criteria)

Non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria as applicable to the initial applicant or reapplicant.

First assist at surgery with direct supervision

[Criteria: Initial applicants must qualify for and be granted core privileges as a CNM.]
Renewal of privilege: Performance of at least \([n]\) first assists at surgery under direct supervision in the past 24 months and demonstrated current competence based on results of OPPE and outcomes.\]

- Requested

**First assist at surgery without direct supervision**

Criteria: Initial applicants must qualify for and be granted core privileges as a CNM. In addition, one of the following is required for evidence of demonstrated current competence and current experience:

1. Successful completion of an education program accredited by the ACME that included training as a first assist at surgery in the past 12 months,

OR

2. Demonstrated current competence without direct supervision and evidence of the performance as a first assistant at surgery for at least \([n]\) cases in the past 12 months.

Renewal of privilege: Performance of at least \([n]\) first assists at surgery without direct supervision in the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation and outcomes.\]

- Requested

**Repair of third- or fourth-degree laceration with direct supervision**

Criteria: Initial applicants must qualify for and be granted core privileges as a CNM.

Renewal of privilege: The performance of at least \([n]\) repairs of third- or fourth-degree lacerations under direct supervision in the past 24 months and demonstrated current competence based on results of OPPE and outcomes.

- Requested

**Repair of third- or fourth-degree laceration without direct supervision**

Criteria: Initial applicants must qualify for and be granted core privileges as a CNM. In addition, one of the following is required for evidence of demonstrated current competence and current experience:

1. Successful completion of an education program accredited by the ACME that included training in third- or fourth-degree laceration repair,

OR
Certified Nurse-Midwife Clinical Privileges

Name: _____________________________________________________
Effective from _______/_______/_______ to _______/_______/_______

2. Demonstrated current competence without direct supervision and evidence of the performance of at least [n] repairs of third- or fourth-degree lacerations in the past 12 months.

Renewal of privilege: The performance of at least [n] repairs of third- or fourth-degree lacerations in the past 24 months and demonstrated current competence based on results of OPPE and outcomes.

☐ Requested

*Perform vacuum extraction with direct supervision*

[Criteria: Initial applicants must qualify for and be granted core privileges as a CNM.

Renewal of privilege: The performance of at least [n] vacuum extractions under direct supervision in the past 24 months and demonstrated current competence based on results of OPPE and outcomes.]

☐ Requested

*Perform vacuum extraction without direct supervision*

[Criteria: Initial applicants must qualify for and be granted core privileges as a CNM. In addition, one of the following is required for evidence of demonstrated current competence and current experience:

1. Successful completion of an education program accredited by the ACME that included training in vacuum extraction, OR

2. Demonstrated current competence without direct supervision and evidence of the performance of at least [n] vacuum extractions in the past 12 months.

Renewal of privilege: The performance of at least [n] vacuum extractions in the past 24 months and demonstrated current competence based on results of OPPE and outcomes.]

☐ Requested

*Manage external version breech with direct supervision*

[Criteria: Initial applicants must qualify for and be granted core privileges as a CNM.

Renewal of privilege: The performance of at least [n] external versions with direct supervision in the past 24 months and demonstrated current competence based on results of OPPE and outcomes.]

☐ Requested
Certified Nurse-Midwife Clinical Privileges

Manage external version breech without direct supervision
[Criteria: Initial applicants must qualify for and be granted core privileges as a CNM. In addition, one of the following is required for evidence of demonstrated current competence and current experience:

1. Successful completion of an ACME-accredited education program that included training in external version,

OR

2. Demonstrated current competence without direct supervision and evidence of the performance of at least [n] external versions in the past 12 months.

Renewal of privilege: The performance of at least [n] external versions in the past 24 months and demonstrated current competence based on results of OPPE and outcomes.]

Prescriptive authority in accordance with state and federal law

Requested [Review state-specific prescriptive authority requirements.]

ACKNOWLEDGMENT OF PRACTITIONER

I have requested only those clinical services/functions for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at [Hospital Name], and I understand that:

a. In exercising any clinical services/functions granted and in carrying out the responsibilities assigned to me, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the policies governing privileged advanced practice professionals.

Signed ____________________________ Date _______________
## Certified Nurse-Midwife Clinical Privileges

| Name: _____________________________________________________ | Effective from _______/_______/_______ to _______/_______/_______ |

### ENFORCEMENT OF COLLABORATING PHYSICIAN/PHYSICIAN EMPLOYER(S)

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### [DEPARTMENT CHAIR/CHIEF]’S RECOMMENDATION

- I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s): Recommend requested clinical privileges
- Recommend clinical privileges with the following conditions/modifications: Do not recommend the following requested clinical privileges:

<table>
<thead>
<tr>
<th>Privilege</th>
<th>Condition/modification/explanation</th>
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[Department Chair/Chief] Signature ................................................................. Date ________

### FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

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<tr>
<th>Credentials Committee Action</th>
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<tr>
<th>Medical Executive Committee Action</th>
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<th>Governing Body Action</th>
<th>Date</th>
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</table>
Certified Registered Nurse Anesthetist Clinical Privileges

Name: _____________________________________________________

Effective from _______/_______/_______ to _______/_______/_______

☐ Initial Appointment (initial privileges)     ☐ Reappointment (renewal of privileges)

All new applicants must meet the following requirements as approved by the governing body effective:____/____/____.

Applicant: Check off the “Requested” box for each privilege requested. If you wish to exclude any procedures, please strike through the procedures which you do not wish to request, initial, and date. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications, and for resolving any doubts related to qualifications for requested privileges.

[Department chair/chief]: Check the appropriate box for recommendation on the last page of this form and include your recommendation for focused professional practice evaluation (FPPE). If recommended with conditions or not recommended, provide conditions or explanation on the last page of this form.

Other conditions:

• If any privileges are covered by an exclusive contract or an employment contract, practitioners who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience.

• Privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.

• The core procedure list is not intended to be an all-encompassing procedure list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

Affiliation with Medical Staff/Physician Involvement

NOTE: This section may not be applicable in some organizations. This section should be deleted if the certified registered nurse anesthetist is practicing independently and a signed collaborative or supervising agreement is not required by law or by the organization.

The exercise of these clinical privileges requires a designated collaborating/supervising physician with clinical privileges at this hospital in the same area of specialty practice. All practice is performed in accordance with a written agreement and policies and protocols developed and approved by the relevant clinical department or service, the medical executive committee, nursing administration, and the governing body. A copy of the written agreement signed by both parties is to be provided to the hospital.

1 For Joint Commission- and HFAP-accredited hospitals only.
In addition, the collaborating/supervising physician must:

- Participate as requested in the evaluation of competency (i.e., at the time of reappointment and, as applicable, at intervals between reappointment, as necessary);
- Be physically present, on hospital premises or readily available by electronic communication or provide an alternate to provide consultation when requested and to intervene when necessary;
- Assume total responsibility for the care of any patient when requested or required by the policies referenced above or in the interest of patient care;
- Sign the privilege request of the practitioner he/she supervises, accepting responsibility for appropriate supervision of the services provided under his/her supervision, and agree that the supervised practitioner will not exceed the clinical privileges defined by law and the written agreement;
- Co-sign entries on the medical record of all patients seen or treated by the supervised practitioner in accordance with organizational policies.

The hospital leadership (governing body, senior administration, and medical staff) has determined that its mission and culture [supports/does not support] the expansion of privileges for advanced practice professionals (APP) through on-site training, e.g., direct supervision. See Hospital Policy on Expansion (“Train Up”) of Privileges for APPs.

### QUALIFICATIONS FOR CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA)

<table>
<thead>
<tr>
<th>Education and training</th>
<th>Graduation from an approved program of anesthesia accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs or a predecessor or successor agency.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certification</td>
<td>Certification by the National Board on Certification and Recertification for Nurse Anesthetists, or by a predecessor or successor agency to either is required for initial applicants [or be actively seeking initial certification and obtain the same on the first examination for which eligible] and reapplicants.</td>
</tr>
<tr>
<td>Licensure</td>
<td>Current active license to practice as an advanced nurse practitioner in the nurse anesthetist category in the state of [state name] is required for initial applicants and reapplicants.</td>
</tr>
<tr>
<td>Required current experience—initial</td>
<td>Demonstrated current competence and provision of anesthesia services for at least [n] patients/minimum of [n] hours of practice in the past 12 months or completion of an approved accredited program of anesthesia in the past 12 months. Experience must correlate to the privileges requested.</td>
</tr>
</tbody>
</table>
Certified Registered Nurse Anesthetist Clinical Privileges

| Name: _____________________________________________________ |
| Effective from _______/_______/_______ to _______/_______/_______ |

### QUALIFICATIONS FOR CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA)

| Required current experience–renewal | Adequate volume of experience ([n] patients/[n] hours) for the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation (OPPE) and outcomes. Experience must correlate to the privileges requested. |
| Ability to perform (health status) | Evidence of current ability to perform privileges requested is required of all applicants and reapplicants. |

### Core Privileges for CRNAs

- **Requested** Pre-anesthesia evaluation and preparation, administration of general and regional anesthesia and all levels of sedation techniques, and post-anesthesia care for children, adolescent, and adult patients. CRNAs may provide care to patients in the intensive care setting in conformance with unit policies, as well as assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the following procedure list and such other procedures that are extensions of the same techniques and skills.

  **Pre-anesthetic preparation and evaluation:**
  - Select, obtain, order, and administer pre-anesthetic medications
  - Conduct an appropriate physical screening assessment
  - Obtain an appropriate health history
  - Recommend or request and evaluate pertinent diagnostic studies
  - Document the pre-anesthetic evaluation and obtain a comprehensive informed consent for anesthesia and related services

  **Clinical support functions:**
  - Insert and manage arterial lines
  - Insert and manage peripheral lines
  - Insert and manage central intravenous catheters
  - Insert and manage pulmonary artery catheters
  - Manage emergency situations, including initiating or participating in cardiopulmonary resuscitation
  - Manage interventional pain therapy utilizing drugs, regional anesthetic techniques or other accepted pain relief modalities
Certified Registered Nurse Anesthetist Clinical Privileges

- Perform arterial puncture to obtain arterial blood samples
- Provide consultation and implementation of respiratory and ventilatory care
- Select, obtain, order, and administer pre-anesthetic medication or treatment related to the care of the patient and seek consultation when appropriate

Intraoperative care:
- Select, obtain, or administer the anesthetics, adjuvant drugs, accessory drugs, fluids, and blood products necessary to manage the anesthetic
- Evaluate patient response during emergence from anesthesia and institute pharmacological or supportive treatment to ensure patient stability during transfer
- Obtain, prepare, and use all equipment, monitors, supplies, and drugs used for the administration of anesthesia and sedation techniques, perform and order safety checks as needed
- Perform all aspects of airway management, including fiberoptic intubation
- Perform and manage regional anesthetic techniques including, but not limited to, subarachnoid, epidural, and caudal blocks; plexus, major, and peripheral nerve blocks; intravenous regional anesthesia; transtracheal, topical, and local infiltration blocks; intra capsular, intercostal, and ocular blocks. [Determine whether certain types of blocks are core or non-core.]
- Provide appropriate invasive and non-invasive monitoring modalities utilizing current standards and techniques
- Recognize abnormal patient response during anesthesia, select and implement corrective action, and request consultation whenever necessary
- Recommend or request and evaluate pertinent diagnostic studies

Post-anesthesia care:
- Discharge patient from a post-anesthesia care area in accordance with policy
- Initiate and administer pharmacological or fluid support of the cardiovascular system
- Initiate acute post-anesthesia pain management techniques
- Initiate and administer respiratory support to ensure adequate ventilation and oxygenation in the post-anesthesia period
- Provide post-anesthesia follow-up; evaluate the patient’s response to anesthesia and surgery, take appropriate corrective actions, and obtain consultation as indicated
Certified Registered Nurse Anesthetist Clinical Privileges

Name: _____________________________________________________
Effective from _______/_______/_______ to _______/_______/_______

Special Non-core Privileges (See Specific Criteria)

Non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet specific threshold criteria as applicable to the initial applicant or reapplicant.

Perform diagnostic and therapeutic injections with direct supervision

Includes epidural, caudal, spinal, facet joint, selective nerve, and sympathetic blocks

Criteria: Initial applicants must qualify for and be granted core privileges as a CRNA.
Renewal of privilege: The performance of at least [n] diagnostic and [n] therapeutic injections under direct supervision in the past 24 months and demonstrated current competence based on results of OPPE and outcomes.

- Requested without fluoroscopic guidance
- Requested with fluoroscopic guidance (must qualify and be granted fluoroscopy privileges)

Perform diagnostic and therapeutic injections without direct supervision

Includes epidural, caudal, spinal, facet joint, selective nerve, and sympathetic blocks

Criteria: Initial applicants must qualify for and be granted core privileges as a CRNA. In addition, one of the following is required for evidence of demonstrated current competence and current experience:

1. Successful completion of training in the past 12 months with evidence of an adequate volume of diagnostic and therapeutic injections during training,

OR

2. Demonstrated current competence without direct supervision and evidence of at least [n] diagnostic and [n] therapeutic injections in the past 12 months.

Renewal of privilege: The performance of at least [n] diagnostic and [n] therapeutic injections without direct supervision in the past 24 months and demonstrated current competence based on results of OPPE and outcomes.

- Requested without fluoroscopic guidance
- Requested with fluoroscopic guidance (must qualify and be granted fluoroscopy privileges)
## Certified Registered Nurse Anesthetist Clinical Privileges

| Name: _____________________________________________________ |
| Effective from _____/_____/_______ to _____/_____/_______ |

### Perform fluoroscopy with direct supervision

**NOTE:** There may be state-specific requirements or limitations.

**Criteria:** Initial applicants must qualify for and be granted core privileges as a CRNA and successfully complete a written examination on didactic content.

**Renewal of privilege:** The performance of at least \([n]\) fluoroscopies in the past 24 months and demonstrated current competence based on results of OPPE and outcomes, and successful completion of the organization’s written examination on didactic content.

- Requested

### Perform fluoroscopy without direct supervision

**NOTE:** There may be state-specific requirements or limitations.

**Criteria:** Initial applicants must qualify for and be granted core privileges as a CRNA and successfully complete a written examination on didactic content. In addition, one of the following is required for evidence of demonstrated current competence and current experience:

1. Successful completion of training that included a combination of didactic, hands on, and preceptorship with evidence of the performance of an adequate volume of fluoroscopies during training, OR

2. Demonstrated current competence without direct supervision and the performance of at least \([n]\) fluoroscopies in the past 12 months.

**Renewal of privilege:** The performance of at least \([n]\) fluoroscopies without direct supervision in the past 24 months and demonstrated current competence based on results of OPPE and outcomes, and successful completion of the organization’s written examination on didactic content.

- Requested
# Certified Registered Nurse Anesthetist Clinical Privileges

| Name: _____________________________________________________ |
| Effective from _____/_____/____ to _____/_____/_____ |

## ACKNOWLEDGMENT OF PRACTITIONER

I have requested only those clinical services/functions for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at [Hospital Name], and I understand that:

- a. In exercising any clinical services/functions granted and in carrying out the responsibilities assigned to me, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the policies governing privileged advanced practice professionals.

Signed ____________________________ Date _____________

## ENDORSEMENT OF COLLABORATING PHYSICIAN/PHYSICIAN EMPLOYER(S)

Signed ____________________________ Date _____________

Signed ____________________________ Date _____________

## [DEPARTMENT CHAIR/CHIEF]'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend requested clinical privileges
- Recommend clinical privileges with the following conditions/modifications:
- Do not recommend the following requested clinical privileges:
# Certified Registered Nurse Anesthetist Clinical Privileges

Name: _____________________________________________________

Effective from _____/_____/_______ to _____/_____/_______

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<th>Privilege</th>
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Notes: __________________________________________________________

________________________________________________________________

[Department Chair/Chief] Signature _______________________________

Date _______

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## FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials Committee Action ________________________________

Date _______

Medical Executive Committee Action __________________________

Date _______

Governing Body Action _______________________________________

Date _______
Clinical Nurse Specialist Clinical Privileges—Psychiatric and Mental Health

Name: _____________________________________________________

Effective from ___/___/_____ to ___/___/_____

☐ Initial Appointment (initial privileges)   ☐ Reappointment (renewal of privileges)

All new applicants must meet the following requirements as approved by the governing body effective:____/____/_____.

Applicant: Check off the “Requested” box for each privilege requested. **If you wish to exclude any procedures, please strike through the procedures which you do not wish to request, initial, and date.** Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications, and for resolving any doubts related to qualifications for requested privileges.

[Department chair/chief]: Check the appropriate box for recommendation on the last page of this form and include your recommendation for focused professional practice evaluation (FPPE)1. If recommended with conditions or not recommended, provide conditions or explanation on the last page of this form.

Other conditions:

• If any privileges are covered by an exclusive contract or an employment contract, practitioners who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience.

• Privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.

• The core procedure list is not intended to be an all-encompassing procedure list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

Affiliation with Medical Staff/Physician Involvement

**NOTE:** This section may not be applicable in some organizations. This section should be deleted if the clinical nurse specialist is practicing independently and a signed collaborative or supervising agreement is not required by law or by the organization.

The exercise of these clinical privileges requires a designated collaborating/supervising physician with clinical privileges at this hospital in the same area of specialty practice. All practice is performed in accordance with a written agreement and policies and protocols developed and approved by the relevant clinical department or service, the medical executive committee, nursing administration, and the governing body. A copy of the written agreement signed by both parties is to be provided to the hospital.

1 For Joint Commission- and HFAP-accredited hospitals only.
In addition, the collaborating/supervising physician must:

- Participate as requested in the evaluation of competency (i.e., at the time of reappointment and, as applicable, at intervals between reappointment, as necessary);
- Be physically present, on hospital premises or readily available by electronic communication or provide an alternate to provide consultation when requested and to intervene when necessary;
- Assume total responsibility for the care of any patient when requested or required by the policies referenced above or in the interest of patient care;
- Sign the privilege request of the practitioner he/she supervises, accepting responsibility for appropriate supervision of the services provided under his/her supervision, and agree that the supervised practitioner will not exceed the clinical privileges defined by law and the written agreement;
- Co-sign entries on the medical record of all patients seen or treated by the supervised practitioner in accordance with organizational policies.

The hospital leadership (governing body, senior administration, and medical staff) has determined that its mission and culture [supports/does not support] the expansion of privileges for advanced practice professionals (APP) through on-site training, e.g., direct supervision. See Hospital Policy on Expansion (“Train Up”) of Privileges for APPs.

### QUALIFICATIONS FOR CLINICAL NURSE SPECIALISTS (CNS) IN PSYCHIATRIC/MENTAL HEALTH

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Requirement</th>
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<tbody>
<tr>
<td><strong>Education and training</strong></td>
<td>Successful completion of a master’s, post-master’s, or doctorate from a CNS program in adult psychiatric and mental health accredited by the Commission on Collegiate of Nursing Education (CCNE) or the Accreditation Commission for Education in Nursing (ACEN).</td>
</tr>
<tr>
<td><strong>Certification</strong></td>
<td>Certification as a Psychiatric and Mental Health, Clinical Nurse Specialist–Board Certified (PMHCNS-BC) by the American Nurses Credentialing Center (ANCC) or an equivalent body is required for initial applicants and reapplicants.</td>
</tr>
<tr>
<td><strong>Licensure</strong></td>
<td>Current active license to practice as an advanced registered nurse practitioner in the state of [state name] by the Board of Nursing in the CNS category is required for initial applicants and reapplicants.</td>
</tr>
<tr>
<td><strong>Required current experience—initial</strong></td>
<td>Demonstrated current competence and provision of care, treatment, or services to at least [n] patients in the past 12 months or completion of an accredited CNS program in adult psychiatric and mental health in the past 12 months. Experience must correlate to the privileges requested.</td>
</tr>
</tbody>
</table>
Clinical Nurse Specialist Clinical Privileges—Psychiatric and Mental Health

Name: _____________________________________________________
Effective from _______/_______/_______ to _______/_______/_______

<table>
<thead>
<tr>
<th>Qualifications for Clinical Nurse Specialists (CNS) in Psychiatric/Mental Health</th>
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<tbody>
<tr>
<td>Required current experience—renewal</td>
</tr>
<tr>
<td>Adequate volume of experience ([n] patients) for the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation and outcomes. Experience must correlate to privileges requested.</td>
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<tr>
<td>Ability to perform (health status)</td>
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<tr>
<td>Evidence of current ability to perform privileges requested is required of all applicants and reapplicants.</td>
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</table>

Core Privileges for Clinical Nurse Specialists in Psychiatric and Mental Health

- **Requested** Assess, diagnose, monitor, promote health and protection from disease, and manage primary mental healthcare and treatment using a variety of therapeutic and interpersonal techniques for patients within age group seen by collaborating/supervising physician who are at risk for developing or presently have psychiatric disorders. The CNS [may/may not] admit patients to the hospital. He or she may provide care to patients in the intensive care setting in conformance with unit policies as well as assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the following procedure list and such other procedures that are extensions of the same techniques and skills.
  - Perform comprehensive psychiatric evaluation
  - Obtain social and psychological admission history
  - Assess and treat individual patients with disease states and non disease-based etiologies, using advanced theoretical and empirical knowledge of physiology, pathophysiology, and pharmacology
  - Clinically manage psychiatric disorders including but not limited to severe and persistent neurobiological disorders
  - Complete comprehensive assessments, develop differential diagnosis, formulate and implement a treatment plan
  - Conduct behavioral healthcare maintenance of the population served
  - Conduct individual, group, and family psychotherapy
  - Direct care as specified by medical staff approved protocols
  - Evaluate and manage psychobiological interventions
  - Initiate appropriate referrals
  - Make daily rounds on hospitalized patients
  - Order and initial interpretation of diagnostic testing and therapeutic modalities such as laboratory tests, medications, hemodynamic monitoring, treatments, x-ray, EKG, IV fluids and electrolytes, etc.
Clinical Nurse Specialist Clinical Privileges—
Psychiatric and Mental Health

- Utilize advanced practice skills to independently provide (1) case management, including psychiatric rehabilitation and home care; and (2) teaching, promotion, and prevention

Special Non-core Privileges (See Specific Criteria)

Non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria as applicable to the initial applicant or reapplicant.

Prescriptive authority in accordance with state and federal law

☑ Requested  [Review state-specific prescriptive authority requirements.]

ACKNOWLEDGMENT OF PRACTITIONER

I have requested only those clinical services/functions for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at [Hospital Name], and I understand that:

a. In exercising any clinical services/functions granted and in carrying out the responsibilities assigned to me, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the policies governing privileged advanced practice professionals.

Signed ____________________________ Date ________________

ENDORSEMENT OF COLLABORATING PHYSICIAN/PHYSICIAN EMPLOYER(S)

Signed ____________________________ Date ________________

Signed ____________________________ Date ________________
Clinical Nurse Specialist Clinical Privileges—Psychiatric and Mental Health

Name: _____________________________________________________
Effective from _____/_____/_______ to _____/_____/_______

[DEPARTMENT CHAIR/CHIEF]'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend requested clinical privileges
- Recommend clinical privileges with the following conditions/modifications:
- Do not recommend the following requested clinical privileges:

<table>
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<tr>
<th>Privilege</th>
<th>Condition/modification/explanation</th>
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Notes: ____________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

[Department Chair/Chief] Signature ___________________________ Date _________

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials Committee Action ___________________________ Date _________
Medical Executive Committee Action ___________________________ Date _________
Governing Body Action ___________________________ Date _________

2 Two certifications are available through ANCC: Adult PMH (age 13 and above) and PMH (formerly Family). The same credential is issued (PMHCNS-BC).
Initial Appointment (initial privileges)  Reappointment (renewal of privileges)

All new applicants must meet the following requirements as approved by the governing body effective:

Applicant: Check the “Requested” box for each privilege requested. If you wish to exclude any procedures, please strike through the procedures you do not wish to request, initial, and date. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications, and for resolving any doubts related to qualifications for requested privileges.

[Department chair/chief]: Check the appropriate box for recommendation on the last page of this form and include your recommendation for focused professional practice evaluation (FPPE)1. If recommended with conditions or not recommended, provide conditions or explanation on the last page of this form.

Other conditions:

• If any privileges are covered by an exclusive contract or an employment contract, practitioners who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience.

• Privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.

• The core procedure list is not intended to be an all-encompassing procedure list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

Affiliation with Medical Staff/Physician Involvement

NOTE: This section may not be applicable in some organizations. This section should be deleted if the nurse practitioner is practicing independently and a signed collaborative or supervising agreement is not required by law or by the organization.

The exercise of these clinical privileges requires a designated collaborating/supervising physician with clinical privileges at this hospital in the same area of specialty practice. All practice is performed in accordance with a written agreement and policies and protocols developed and approved by the relevant clinical department or service, the medical executive committee, nursing administration, and the governing body. A copy of the written agreement signed by both parties is to be provided to the hospital.

1 For Joint Commission- and HFAP-accredited hospitals only.
In addition, the collaborating/supervising physician must:

- Participate as requested in the evaluation of competency (i.e., at the time of reappointment and, as applicable, at intervals between reappointment, as necessary)
- Be physically present, on hospital premises or readily available by electronic communication or provide an alternate to provide consultation when requested and to intervene when necessary
- Assume total responsibility for the care of any patient when requested or required by the policies referenced above or in the interest of patient care
- Sign the privilege request of the practitioner he/she supervises, accepting responsibility for appropriate supervision of the services provided, and agree that the supervised practitioner will not exceed the clinical privileges defined by law and the written agreement;
- Co-sign entries on the medical record of all patients seen or treated by the supervised practitioner in accordance with organizational policies.

The hospital leadership (governing body, senior administration, and medical staff) has determined that its mission and culture [supports/does not support] the expansion of privileges for advanced practice professionals (APP) through on-site training, e.g., direct supervision. See Hospital Policy on Expansion (“Train Up”) of Privileges for APPs.

### QUALIFICATIONS FOR NURSE PRACTITIONERS (NP) IN ACUTE CARE

<table>
<thead>
<tr>
<th>Education and training</th>
<th>Completion of masters, post-masters, or doctorate degree in an NP program [acute care is preferred] accredited by the Commission on Collegiate of Nursing Education (CCNE) or the Accreditation Commission for Education in Nursing (ACEN).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certification</td>
<td>Current certification by the American Nurses Credentialing Center (ANCC) or the American Association of Critical Care Nurses (AACN) or an equivalent body is required for initial applicants [or be actively seeking certification and obtain the same on the first examination for which (s)he is eligible] and reapplicants. [Current Advanced Cardiac Life Support (ACLS) certification is required for applicants and reapplicants.]</td>
</tr>
<tr>
<td>Licensure</td>
<td>Current active license to practice as an advanced practice registered nurse in the NP category in the state of [state name] is required for applicants and reapplicants.</td>
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</table>
### Qualifications for Nurse Practitioners (NP) in Acute Care

| Required current experience—initial | General Core: Demonstrated current competence and provision of care, treatment, or services, to at least \([n]\) patients in the past 12 months or completion of master’s or post-master’s degree program in the past 12 months. Experience must correlate to requested privileges. |
| Acute Care Core with Direct Supervision: As for General Core. |
| Acute Care Core without Direct Supervision: [Current certification as an acute care NP by the ANCC or the AACN or an equivalent body, or the equivalent in training and experience] and demonstrated current competence and provision of care, treatment or services to at least \([n]\) acute care patients in the past 12 months. OR Demonstrated current competence and provision of care, treatment or services to at least \([n]\) acute care patients in the past 12 months. |
| Required current experience—renewal | An adequate volume of experience (\([n]\) inpatients) for the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation (OPPE) and outcomes. Experience must correlate to the privileges requested for both the general and specialty specific cores. |
| Ability to perform (health status) | Evidence of current ability to perform privileges requested is required of all applicants and reapplicants. |

#### General Core Privileges for NPs in Acute Care

- **Requested** Assess, diagnostically, monitor, promote health and protection from disease, and manage patients within age group of collaborating/supervising physician. NPs [may/may not] admit patients to the hospital. They may provide care to patients in the intensive care setting in conformance with unit policies as well as assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. General core privileges include the procedures on the following procedure list and such other procedures that are extensions of the same techniques and skills.
  - Perform history and physical
  - Apply, remove, and change dressings and bandages
  - Counsel and instruct patients, families, and caregivers as appropriate
  - Debridement and general care for superficial wounds and minor superficial surgical procedures
Nurse Practitioner Clinical Privileges—Acute Care

Core Privileges for NPs in Acute Care

- Dictate discharge summaries
- Direct care as specified by medical staff-approved protocols
- Implement therapeutic intervention for specific conditions when appropriate
- Implement palliative and end of life care through evaluation, modification, and documentation according to the patient’s response to therapy, changes in condition, and to therapeutic interventions to optimize patient outcomes.
- Initiate appropriate referrals
- Insert and remove nasogastric tube
- Make rounds on hospitalized patients
- Order and initial interpretation of diagnostic testing and therapeutic modalities such as laboratory tests, medications, hemodynamic monitoring, treatments, IV fluids and electrolytes, EMG, electrocardiogram, and radiologic examinations including arthrogram, ultrasound, CT, MRI, and bone scan studies, etc.
- Perform urinary bladder catheterization (short term and indwelling), e.g., Robinson, coudé, Foley
- Perform venous punctures for blood sampling, cultures, and IV catheterization
- Record progress notes

Special Non-core Privileges for NPs in Acute Care

Non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria as applicable to the initial applicant or reapplicant.
**Administration of sedation and analgesia**

- **Requested**  See Hospital Policy for Sedation and Analgesia by Non-Anesthesiologists.

**Perform lumbar puncture with direct supervision**

[Criteria: Initial applicants must qualify for and be granted core privileges as an NP.

Renewal of privilege: The performance of at least [n] lumbar punctures with direct supervision in the past 24 months and demonstrated current competence based on results of OPPE and outcomes.]

- **Requested**

**Perform lumbar puncture without direct supervision**

[Criteria: Initial applicants must qualify for and be granted core privileges as an NP. In addition, one of the following is required for evidence of demonstrated current competence and current experience:

1. Completion of training in the past 12 months with evidence of an adequate volume of supervised lumbar punctures during training,

OR

2. Demonstrated current competence without direct supervision and evidence of the performance of at least [n] lumbar punctures in the past 12 months.

Renewal of privilege: The performance of at least [n] lumbar punctures without direct supervision in the past 24 months and demonstrated current competence based on results of OPPE and outcomes.]

- **Requested**

**Remove pulmonary artery catheters with direct supervision**

[Criteria: Initial applicants must qualify for and be granted core privileges as an NP.

Renewal of privilege: The performance of at least [n] pulmonary artery catheter removals in the past 24 months and demonstrated current competence based on results of OPPE and outcomes.]

- **Requested**
Nurse Practitioner Clinical Privileges—Acute Care

Name: _____________________________________________________
Effective from _____/_____/_______ to _____/_____/_______

Remove pulmonary artery catheters without direct supervision

[Criteria: Initial applicants must qualify for and be granted core privileges as an NP. In addition, one of the following is required for evidence of demonstrated current competence and current experience:

1. Successful completion of training in the past 12 months with evidence of an adequate volume of supervised pulmonary artery catheter removals during training,

OR

2. Demonstrated current competence without direct supervision and the removal of at least [n] pulmonary artery catheters in the past 12 months.

Renewal of privilege: The performance of at least [n] pulmonary artery catheter removals without direct supervision in the past 24 months and demonstrated current competence based on results of OPPE and outcomes.]

☐ Requested

Perform pharmacological and non-pharmacological stress tests with direct supervision

[Criteria: Initial applicants must qualify for and be granted core privileges as an NP.

Renewal of privilege: The performance of at least [n] stress tests with direct supervision in the past 24 months and demonstrated current competence based on results of OPPE and outcomes.]

☐ Requested

Perform pharmacological and non-pharmacological stress tests without direct supervision

[Criteria: Initial applicants must qualify for and be granted core privileges as an NP. In addition, one of the following is required for evidence of demonstrated current competence and current experience:]

1. Successful completion of training in the past 12 months with evidence of an adequate volume of supervised stress tests during training,

OR

2. Demonstrated current competence without direct supervision and the performance of at least [n] stress tests in the past 12 months.
Nurse Practitioner Clinical Privileges—Acute Care

Renewal of privilege: The performance of at least \([n]\) fluoroscopies with direct supervision in the past 24 months and demonstrated current competence based on results of OPPE and outcomes.

☑ Requested

Perform fluoroscopy with direct supervision

**NOTE:** There may be state-specific requirements or limitations.

**Criteria:** Initial applicants must qualify for and be granted core privileges as an NP and successfully complete a written examination on didactic content.

**Renewal of privilege:** The performance of at least \([n]\) fluoroscopies with direct supervision in the past 24 months and demonstrated current competence based on results of OPPE and outcomes, and successful completion of the organization’s written examination on didactic content.

☑ Requested

Perform fluoroscopy without direct supervision

**NOTE:** There may be state-specific requirements or limitations.

**Criteria:** Initial applicants must qualify for and be granted core privileges as an NP and successfully complete a written examination on didactic content. In addition, one of the following is required for evidence of demonstrated current competence and current experience:

1. Successful completion of training that included a combination of didactic, hands on, and preceptorship with evidence of the performance of an adequate volume of fluoroscopies during training,

OR

2. Demonstrated current competence without direct supervision and the performance of at least \([n]\) fluoroscopies in the past 12 months.

**Renewal of privilege:** The performance of at least \([n]\) fluoroscopies without direct supervision in the past 24 months and demonstrated current competence based on results of OPPE and outcomes, and successful completion of the organization’s written examination on didactic content.

☑ Requested
Nurse Practitioner Clinical Privileges—Acute Care

Name: _____________________________________________________
Effective from _____/_____/_______ to _____/_____/_______

Prescriptive authority in accordance with state and federal law
☐ Requested  [Review state-specific prescriptive authority requirements.]

ACKNOWLEDGMENT OF PRACTITIONER

I have requested only those clinical services/functions for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at [Hospital Name], and I understand that:

a. In exercising any clinical services/functions granted and in carrying out the responsibilities assigned to me, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the policies governing privileged advanced practice professionals.

Signed ________________________________  Date ______________

ENDORSEMENT OF COLLABORATING PHYSICIAN/PHYSICIAN EMPLOYER(S)

Signed ________________________________  Date ______________
Signed ________________________________  Date ______________

[DEPARTMENT CHAIR/CHIEF’S RECOMMENDATION]

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

• Recommend requested clinical privileges
• Recommend clinical privileges with the following conditions/modifications:
• Do not recommend the following requested clinical privileges:
### Nurse Practitioner Clinical Privileges—Acute Care

Name: _____________________________________________________

Effective from _____/_____/____ to _____/_____/_____

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[Department Chair/Chief] Signature ___________________________ Date ______

### FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials Committee Action ___________________________ Date ______

Medical Executive Committee Action ______________________ Date ______

Governing Body Action _________________________________ Date ______
Changes in the healthcare delivery landscape and scope-of-practice laws are driving demand for allied health professionals (AHP). However, creating criteria-based privilege forms for AHPs can be a lengthy process, requiring weeks of searching for applicable competency benchmarks. Core Privileges for AHPs contains completely updated, customizable forms drafted from best practices and reviewed by experts in the field. Tailor these forms and use them to streamline the privileging process for AHPs in your organization, while ensuring the delivery of high-quality care.

This book will help you:

- Save time with downloadable, customizable sample forms
- Have the confidence your forms were created and reviewed by subject matter experts
- Provide your medical staff leadership team with valuable information on best practices for AHP “train-up” and competency assessment

Hospitals and physicians are recognizing the value that AHPs bring to their organization. Ensure these practitioners are privileged properly!