

APP PRIVILEGES IN MEDICINE

SAMPLE



Required Qualifications	
Education/Training	Successful completion of a PA, NP or CNS program
Licensure (Initial and Reappointment)	Current Licensure as a PA, RN or CNS in the state of CA Current certification as a NP in the state of California
Certification (Initial and Reappointment)	Current certification as a PA or NP by a nationally accredited organization
Additional Qualifications (Initial and Reappointment)	Current BLS from the American Heart Association
Renewal Criteria	Maintenance of all the above qualifications.
FPPE	<p>FPPE CRITERIA LISTED BELOW AS INFORMATIONAL. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS.</p> <p>3 chart reviews for each - CORE; First Assistant; Arterial Line Insertion; Aspiration Of Fluids (Cysts); Barrier Contraceptives: Diaphragm; Bone Marrow Biopsy & Aspiration; Bone Marrow & Peripheral Blood Stem Cell Infusions; Central Line - Removal Of Tunneled; CVC Femoral; CVC Removal; CVC Removal Of Tunneled; Cervical Polypectomy; Chest Tube Removal; Colposcopy; Cryosurgery; Cryotherapy; Incision & Drainage (I&D); I&D Pilonidal Cyst; Subcutaneous Abscess; Thrombosed External Hemorrhoids; Intralesion Steroid Injections; Iud Removal; Koh Scrapings; Lumbar Puncture; Ommaya Reservoir Access; Pacer Wire Removal; Punch Biopsy; Removal Of Benign Skin Lesion; Removal Of Foreign Body; Shave Biopsy; Subungual Hematoma Evacuation; Treatment & Excision Of Ingrown Toenail; Wound Closure (Simple); Wound Closure & Minor Debridement Of Wounds</p> <p>5 chart reviews for each - CVC Internal/External Jugular; CVC Subclavian; Chest Tube Placement; Pacemaker ICD & ILR Evaluation and Programming; Paracentesis</p> <p>10 chart reviews for each - Administration of Moderate Sedation; Direct Current Cardioversion (DCCV)</p> <p>20 chart reviews - Medications - Chemotherapy</p>

24 chart reviews (pertinent anatomy) - Insertion/Exam Flexible Rhinolaryngopharyngoscopy
48 chart reviews (present issue) - Recording/Exam Flexible Rhinolaryngopharyngoscopy

Patient Population

Request <input type="checkbox"/>	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief/Designee <input type="checkbox"/>
	Patient Population		
<input type="checkbox"/>	Infant	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Pediatric	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Adolescent	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Adult	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Geriatric	<input type="checkbox"/>	<input type="checkbox"/>
	Setting		
<input type="checkbox"/>	Outpatient	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Inpatient	<input type="checkbox"/>	<input type="checkbox"/>

Provide care on LPCH patients in specific areas of SHC

Request <input type="checkbox"/>	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief/Designee <input type="checkbox"/>
	Additional Request		
<input type="checkbox"/>	For LPCH APP who ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit	<input type="checkbox"/>	<input type="checkbox"/>

Core Privileges - PHYSICIAN ASSISTANT (PA)

Request <input type="checkbox"/>	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief/Designee <input type="checkbox"/>
General Supervision			
<input type="checkbox"/>	Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new and return patients	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Performs designated procedures after demonstrated competency, according to written standardized procedures where applicable	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Obtains informed consent, as indicated	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provides and coordinates patient teaching and counseling	<input type="checkbox"/>	<input type="checkbox"/>

Qualifications

Renewal Criteria Minimum of 22 core cases required during the past two years.

Core Privileges - NURSE PRACTITIONER (NP)

Request <input type="checkbox"/>	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief/Designee <input type="checkbox"/>
General Supervision			
<input type="checkbox"/>	Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty, according to written standardized procedures	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new and return patients, according to written standardized procedures	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient, according to written standardized procedures	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Performs designated procedures according to written standardized procedures where applicable	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Obtains informed consent, as indicated	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork	<input type="checkbox"/>	<input type="checkbox"/>

Qualifications

Renewal Criteria Minimum of 22 core cases required during the past two years.

Core Privileges - CLINICAL NURSE SPECIALIST (CNS)

Request <input type="checkbox"/>	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief/Designee <input type="checkbox"/>
General Supervision			
<input type="checkbox"/>	Provides patient care to select patients or families as an expert clinician/role model	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provides specialized knowledge and skill to assist staff with management of difficult patient/family problems	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Manages specialty populations to improve and promote healthcare outcomes	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Develops effective solutions that can be generalized across differing units, populations or specialties to improve health care outcomes	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Facilitates staff in developing innovative and/or cost effective programs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Facilitates patient care transitions across the continuum of care	<input type="checkbox"/>	<input type="checkbox"/>

Qualifications

Renewal Criteria Minimum 22 cases required during the past 2 years

Standardized Protocols/Standardized Procedures

Description: (requires selection of a core professional role above)

Request <input type="checkbox"/>	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief/Designee <input type="checkbox"/>
	(requires selection of a core professional role above)		
	General Supervision		
<input type="checkbox"/>	MEDICATIONS Administer, order, furnish or prescribe drugs and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence, professional judgment and policies of SHC. see Standardized Procedure: Administering, Ordering, Furnishing or Prescribing of Drugs; Formulary Protocol [CRITERIA - Must meet above NP or PA requirements plus: NP's - Current Furnishing Licensure in the State of California PA's - Current individual DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V)]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CONTROLLED MEDICATIONS OUTPATIENT PRESCRIPTION Administer, dispense and prescribe legend drugs in outpatient setting including narcotics and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence and professional judgment [CRITERIA - Must meet above NP or PA requirements plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V)]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	MEDICATIONS - CHEMOTHERAPY ORDERING WITH CO-SIGNATURE - [CRITERIA - The ONS Chemotherapy/Biotherapy Provider Card must be renewed every 2 years as required by ONS. Minimum 4 chart reviews annually.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	MEDICATIONS - INDEPENDENT CHEMOTHERAPY ORDERING [CRITERIA - The ONS Chemotherapy/Biotherapy Provider Card must be renewed every 2 years as required by ONS. Minimum 5 chart reviews annually.]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	ADMINISTRATION OF MODERATE SEDATION [CRITERIA - In accordance with SHC Moderate Sedation policy and completion of the SHC sedation exam every two years. Renewal Criteria - Minimum 6 cases required during the past two years]	<input type="checkbox"/>	<input type="checkbox"/>
	Personal Supervision		
<input type="checkbox"/>	FIRST ASSISTANT [CRITERIA - Initial - Successful completion of an accredited RNFA course -OR- Concurrent enrollment in an accredited RNFA course with the attending surgeon as primary preceptor with completion of clinical practicum within 12 months of didactic course completion -OR- Completion of a First Assistant course with clinical practicum completion as evidenced by a certificate of completion -OR- Evidence from another hospital or organization where privileges were granted to assist in the OR. Pacemaker ICD ILR Evaluation and Programming - Successful completion of specialized training in device evaluation and programming with a member of the arrhythmia team that is Heart Rhythm Society Certified Cardiac Device Specialist. -AND- Three months of weekly clinic sessions which will include didactic teaching session and supervised hands on sessions. Renewal - Minimum 20 cases required during the past 2 years]	<input type="checkbox"/>	<input type="checkbox"/>

Division

Request <input type="checkbox"/>	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief/Designee <input type="checkbox"/>
	(Select division which corresponds to your Supervising Physician)		
<input type="checkbox"/>	BLOOD & MARROW TRANSPLANT (BMT)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	HEMATOLOGY	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	ONCOLOGY	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CARDIOVASCULAR MEDICINE	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	ENDOCRINOLOGY	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	GASTROENTEROLOGY	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	GENERAL MEDICAL DISCIPLINES	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	INFECTIOUS DISEASE	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	NEPHROLOGY	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	PULMONARY & CRITICAL CARE Current ACLS from the American Heart Association [CRITICAL CARE ONLY]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	VADEN	<input type="checkbox"/>	<input type="checkbox"/>

Standardized Protocols/Standardized Procedures

Request <input type="checkbox"/>	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief/Designee <input type="checkbox"/>
	(requires selection of a core professional role above)		
	General Supervision		
<input type="checkbox"/>	ARTERIAL LINE INSERTION [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	ASPIRATION OF FLUIDS (CYSTS) [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	BARRIER CONTRACEPTIVES: DIAPHRAGM [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	BONE MARROW BIOPSY & ASPIRATION [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	BONE MARROW & PERIPHERAL BLOOD STEM CELL INFUSIONS [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CENTRAL LINE - REMOVAL OF TUNNELED [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CENTRAL VENOUS CATHETER (CVC): INSERTION Internal/External Jugular [CRITERIA - Must complete "Getting to Zero" educational module; Minimum 10 cases required. Case log required - Initial only.]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CENTRAL VENOUS CATHETER (CVC): INSERTION Subclavian [CRITERIA - Must complete "Getting to Zero" educational module; Minimum 10 cases required. Case log required - Initial only.]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CENTRAL VENOUS CATHETER (CVC): INSERTION Femoral [CRITERIA - Must complete "Getting to Zero" educational module; Minimum 10 cases required. Case log required - Initial only.]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CENTRAL VENOUS CATHETER (CVC): REMOVAL [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CENTRAL VENOUS CATHETER (CVC): REMOVAL OF TUNNELED [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CERVICAL POLYPECTOMY [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CHEST TUBE PLACEMENT [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CHEST TUBE REMOVAL [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	COLPOSCOPY [CRITERIA - Current certification via the ASCCP or by a certifying agency following the principles of ASCCP or the American College of Obstetrics and Gynecology. Renewal -Minimum 20 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CRYOSURGERY [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CRYOTHERAPY [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	DIRECT CURRENT CARDIOVERSION (DCCV) [CRITERIA - Current ACLS from the American Heart Association. Renewal Criteria - Minimum 10 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	FLEXIBLE RHINOLARYNGOPHARYNGOSCOPY [CRITERIA - Minimum 48 Insertion/Exam cases; Minimum 48 Recording/Exam cases]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	INCISION & DRAINAGE [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	INCISION & DRAINAGE: PILONIDAL CYST [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	INCISION & DRAINAGE: SUBCUTANEOUS ABSCESS [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	INCISION & DRAINAGE: THROMBOSED EXTERNAL HEMORRHOIDS	<input type="checkbox"/>	<input type="checkbox"/>

	[CRITERIA - Minimum 6 cases required]		
<input type="checkbox"/>	INTRALESION STEROID INJECTIONS [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	INTRAUTERINE DEVICE (IUD) REMOVAL [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	KOH SCRAPINGS [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	LUMBAR PUNCTURE (LP) [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Management and care of mechanical left ventricular and right ventricular assist devices [CRITERIA -	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	OMMAYA RESERVOIR ACCESS [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	PACEMAKER IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD) & IMPLANTABLE LOOP RECORDER (ILR) EVALUATION AND PROGRAMMING [Initial CRITERIA - Successful completion of specialized training in device evaluation and programming with a member of the arrhythmia team that is Heart Rhythm Society Certified Cardiac Device Specialist. -AND- Three months of weekly clinic sessions which will include didactic teaching session and supervised hands on sessions. RENEWAL CRITERIA - Minimum 50 cases required during the past 2 years]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	PACER WIRE REMOVAL [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	PARACENTESIS [CRITERIA - Minimum 10 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	PUNCH BIOPSY [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	REMOVAL OF BENIGN SKIN LESION [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	REMOVAL OF FOREIGN BODY [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	SHAVE BIOPSY [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	SUBUNGUAL HEMATOMA EVACUATION [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	TREATMENT & EXCISION OF INGROWN TOENAIL [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	WOUND CLOSURE (SIMPLE) [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	WOUND CLOSURE & MINOR DEBRIDEMENT OF WOUNDS [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>

Qualifications

Initial Criteria Must Also Meet the Core Criteria for Standardized Protocols/Standardized Procedures

Renewal Criteria Criteria noted above for each privilege

