

LIST OF CLINICAL PRIVILEGES – WOMEN’S HEALTH NURSE PRACTITIONER

AUTHORITY: Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

PRINCIPAL PURPOSE: To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual’s credentials and performance.

ROUTINE USE: Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from the Air Force.

DISCLOSURE IS VOLUNTARY: However, failure to provide information may result in the limitation or termination of clinical privileges

INSTRUCTIONS

APPLICANT: In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect your current capability. Sign and date the form and forward to your Clinical Supervisor

CLINICAL SUPERVISOR: In Part I, using the facility master privileges list, enter Code 1, 2, or 4 in in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form and forward the form to the Credentials Office.

CODES: 1. Fully competent within defined scope of practice.

2. Supervision required. (Unlicensed/uncertified or lacks current relevant clinical experience.

3. Not approved due to lack of facility support. (Reference facility master Strawman. Use of this code is reserved for the Credentials Function.)

4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

CHANGES: Any change to a verified/approved privileges list must be made in accordance with Service specific credentialing and privileging policy.

NAME OF APPLICANT

NAME OF MEDICAL FACILITY

I Scope		Requested	Verified
P385990	The scope of privileges for women's health nurse practitioners includes the evaluation, diagnosis, and treatment, disposition, and referral women of all ages with acute and chronic gynecologic and common non-gynecologic symptoms, illnesses, injuries, or conditions. WHNPs provide education on health, wellness, family planning, and the prevention and management of disease. WHNPs assess, stabilize, and determine disposition of patients with emergent conditions in accordance with medical staff policy.		
Diagnosis and Management (D&M)		Requested	Verified
P385992	Routine prenatal care for low-risk pregnancies		
P385994	Uncomplicated postpartum patients		
P385996	Treatment of male partners of patients with sexually transmitted diseases		
P385998	Prescribe medications in accordance with Military Treatment Facility (MTF) Pharmacy and Therapeutics (P&T) policy		
P386000	Initiate continue, and terminate temporary/limited duty profile in accordance with Service policy		
P386002	Place patients on quarters in accordance with Service policy		
P385324	Therapy of condyloma and intraepithelial neoplasia		
P385320	First trimester ultrasound		
P388861	Perform and interpret limited ultrasound, second or third trimester		
Procedures		Requested	Verified
P387759	Incision and drainage of cysts and minor abscesses		
P385367	Subcutaneous contraceptive rod insertion/removal		
P388835	Fitting of diaphragm or cervical cap		
P385365	Intrauterine device insertion/removal		
P388838	Colposcopy with or without cervical biopsy		
P388840	Endocervical curettage		
P388610	Endometrial biopsy		
P388287	Cryotherapy		
P388844	Large loop electrosurgical excision procedure (LEEP)		
P388846	Excision/biopsy of vulvar lesions		
P388848	Needle aspiration for culture		
P385419	Biopsy of vaginal mucosa		

LIST OF CLINICAL PRIVILEGES – WOMEN’S HEALTH NURSE PRACTITIONER (CONTINUED)

II CLINICAL SUPERVISOR’S RECOMMENDATION

RECOMMEND APPROVAL

RECOMMEND APPROVAL WITH MODIFICATION
(Specify below)

RECOMMEND DISAPPROVAL
(Specify below)

STATEMENT:

CLINICAL SUPERVISOR SIGNATURE

CLINICAL SUPERVISOR PRINTED NAME OR STAMP

DATE