

CLINICAL PRIVILEGES - INTERNAL MEDICINE PHYSICIAN

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 current capability and should not consider any known facility limitations. Sign and date the form. Forward the form to your Clinical Supervisor. *(Make all entries in ink.)*

CLINICAL SUPERVISOR: In Part I, using the facility master privileges list, enter Code 1, 2, 3, or 4 in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form. Forward the form to the Credentials Function. *(Make all entries in ink.)*

- CODES:**
1. Fully competent within defined scope of practice. *(Clinical oversight of some allied health providers is required as defined in AFI 44-119.)*
 2. Supervision required. *(Unlicensed/uncertified or lacks current relevant clinical experience.)*
 3. Not approved due to lack of facility support. *(Reference facility master privileges list.)*
 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 AFI 44-119.

NAME OF APPLICANT *(Last, First, Middle Initial)*

NAME OF MEDICAL FACILITY

I. LIST OF CLINICAL PRIVILEGES - INTERNAL MEDICINE PHYSICIAN

Requested	Verified		Requested	Verified	
		A. INTERNAL MEDICINE			D. NEPHROLOGY
		1. Lumbar puncture			1. Renal biopsy
		2. Marrow aspiration and biopsy			2. Peritoneal catheter placement
		3. Electrocardiogram (EKG) interpretation			3. Peritoneal dialysis
		4. Exercise stress testing			4. Hemodialysis
		5. Cardioversion			5. Temporary hemodialysis catheter insertion
		6. Central venous catheter insertion			6. Permanent tunneled hemodialysis catheter insertion
		7. Venous cutdown			7. Continuous renal replacement therapy
		8. Nasogastric intubation			E. GASTROENTEROLOGY
		9. Sigmoidoscopy			1. Liver biopsy
		10. Biopsy, rectosigmoid			2. Esophageal balloon insertion
		11. Arterial line placement <i>(radial artery)</i>			3. Biopsy, small intestine <i>(capsule or hydraulic section type)</i>
		12. Arthrocentesis and synovial fluid crystallography			4. Esophagogastroduodenoscopy (EGD) with/without biopsy
		13. Peripheral nerve block			5. Peritoneoscopy with/without biopsy
		14. Pacemaker insertion <i>(temporary)</i> , transvenous, external			6. Esophageal motility
		15. Thoracentesis			7. Endoscopic retrograde cholangiopancreatography
		16. Swan Ganz catheter insertion			8. Endoscopic intestinal catheter placement for enteric infusion
		17. Pulmonary function test (PFT) interpretation			9. Esophageal dilation <i>(mercury-weighted and wire guide)</i>
		18. Punch skin biopsy			10. Secretion test
		19. Pharmacologic stress test			11. Biliary drainage intubation
		20. Radioisotope myocardium perfusion study			12. Pneumatic dilation of esophagus
		B. HEMATOLOGY AND ONCOLOGY			13. Esophageal prosthesis placement
		1. Bone marrow biopsy and aspirate interpretation			14. Esophageal sclerotherapy
		2. Plasma exchange			15. Endoscopic therapeutic electrocoagulation
		3. Cytophoresis			16. Colonoscopy with/without biopsy or polypectomy
		4. Chemotherapy			F. PULMONARY
		5. Bone marrow harvest			1. Bronchoscopy - fiberoptic
		6. Peripheral blood stem cell harvest			2. Laser bronchoscopy
		7. Allogenic bone marrow transplant			3. Transbronchial needle aspiration
		8. Autologous bone marrow transplant			4. Lung biopsy
		C. CARDIOLOGY			5. Pleural biopsy
		1. Cardiac catheterization			6. Mecholyl challenge
		2. Echocardiography			G. ENDOCRINE
		3. Percutaneous coronary transluminal angioplasty			1. Fine needle thyroid biopsy
		4. Coronary atherectomy			2. Endocrine stimulation and suppression test
		5. Coronary stent placement			H. ALLERGY
		6. Balloon valvuloplasty			1. Skin testing <i>(allergen)</i>
		7. Transesophageal echocardiography			2. Inhalation allergen challenge
		8. Intra-aortic balloon pump placement			3. Rhinoscopy
		9. Implant permanent transvenous pacemaker			4. Exercise challenge testing
		10. Implant automatic implantable cardioverter/defibrillator			5. Intravenous (IV) immunoglobulin administration
		11. Electrophysiologic testing/interpretation			
		12. Radiofrequency ablation			

I. LIST OF CLINICAL PRIVILEGES - INTERNAL MEDICINE PHYSICIAN (Continued)

Requested	Verified		Requested	Verified	
		I. RHEUMATOLOGY			J. OTHER (Specify)
		1. Intra-articular/soft tissue injection			1.
		2. Bursal injection			2.
		3. Synovial needle biopsy			3.
		4. Arthroscopy			4.
		5. Nail fold microscopy			5.
		6. Forearm ischemia test			6.

SIGNATURE OF APPLICANT	DATE
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II. CLINICAL SUPERVISOR'S RECOMMENDATION

- RECOMMEND APPROVAL
 RECOMMEND APPROVAL WITH MODIFICATION
(Specify below)
 RECOMMEND DISAPPROVAL
(Specify below)

SIGNATURE OF CLINICAL SUPERVISOR (Include typed, printed, or stamped signature block)	DATE
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