

**CLINICAL PRIVILEGES – PREVENTIVE MEDICINE SUBSPECIALISTS  
(Aerospace Medicine, Occupational Medicine, and Preventive Medicine)**

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

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

**ROUTINE USE:** Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from 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 – PREVENTIVE MEDICINE SUBSPECIALISTS  
(Aerospace Medicine, Occupational Medicine, and Preventive Medicine)**

*(Note: The following symbols are provided as guidance to indicate training venues where providers can be expected to have been exposed to the core competencies that are reflected in the specific privileges requested. These notes are based on the objectives and core competencies from the Aerospace Medicine Primary (AMP) Course and the Accreditation Council for Graduate Medical Education (ACGME) for Preventive Medicine Programs. This guidance does not imply competency for any individual. Privileges should be granted based on the individual's personal request, in concert with the supervisor's assessment of ability. **A**= Aerospace Medicine Primary Course (AMP), **O**= Occupational Medicine Residency, **P**= Preventive Medicine Residency, **R**= Residency in Aerospace Medicine (RAM))*

Requested	Verified		Requested	Verified	
		<b>A. OUTPATIENT CLINICAL SERVICES</b>			<b>1. Diagnostic (continued)</b>
		<b>1. Pediatric</b>			<b>d. Tympanometry</b>
		<b>a. Management of minor pediatric illness/injury</b>			<b>e. Iced water calories</b>
		<b>b. Well baby care</b>			<b>f. Grip strength testing</b>
		<b>c. Evaluation of pediatric rape or abuse victim</b>			<b>g. Interpretation of audiologic testing battery (without specialty review) <sup>A,O,P,R</sup></b>
		<b>2. Adult</b>			<b>h. Interpretation of pulmonary function testing (without specialty review) <sup>A,O,P,R</sup></b>
		<b>a. Management of general adult medical problems</b>			<b>i. Diagnostic lung puncture</b>
		<b>b. Nonsurgical management of office dermatologic problems</b>			<b>j. Definitive interpretation of occupational chest film</b>
		<b>c. Management of outpatient neurologic complaints</b>			<b>k. Evaluation and clearance for respirator use <sup>A,O,P,R</sup></b>
		<b>d. Nonsurgical management of outpatient ophthalmologic illness/injury</b>			<b>l. Electrocardiograph interpretation (without specialty review)</b>
		<b>e. Nonsurgical management of outpatient urologic problems</b>			<b>m. Stress electrocardiography</b>
		<b>f. Nonsurgical management of outpatient otorhinolaryngology problems</b>			<b>n. Monofilament testing and interpretation</b>
		<b>g. Office behavioral problems, includes crisis intervention and short-term individual, family, and marital counseling</b>			<b>o. Automated surface nerve conduction studies and interpretation</b>
		<b>h. Performance of individual health assessment and performance of/advisement on health interventions and disease screening services</b>			<b>p. Lumbar puncture</b>
		<b>i. Health risk counseling</b>			<b>q. Thoracentesis</b>
		<b>j. Genetic counseling</b>			<b>r. Suprapubic bladder aspiration</b>
		<b>3. Obstetrics/Gynecology</b>			<b>s. Paracentesis</b>
		<b>a. Uncomplicated prenatal care</b>			<b>t. Iontophoresis</b>
		<b>b. Nonsurgical management of outpatient gynecological problems</b>			<b>u. Arthrocentesis</b>
		<b>c. Nonsurgical management of outpatient threatened abortion</b>			<b>v. Perform Papanicolaou (Pap) smears</b>
		<b>d. Evaluation of rape or abuse victim</b>			<b>w. Allergy skin testing (patch, injection)</b>
		<b>B. OUTPATIENT PROCEDURES</b>			<b>2. Interventional</b>
		<b>1. Diagnostic</b>			<b>a. Inpatient obstetric privileges (See AF Form 2820)</b>
		<b>a. Slit lamp exam with direct tonometry</b>			<b>b. Central venous puncture and catheterization</b>
		<b>b. Ocular tonometry (Schiotz or Tono-Pen)</b>			<b>c. Venous cutdown</b>
		<b>c. Puff tonometry</b>			<b>d. Joint injection</b>
					<b>e. Emergency cricothyroidotomy</b>
					<b>f. Emergency tracheostomy</b>
					<b>g. Tube thoracostomy</b>
					<b>h. Cardioversion of life-threatening dysrhythmia</b>

I. LIST OF CLINICAL PRIVILEGES – PREVENTIVE MEDICINE SUBSPECIALISTS <i>(Continued)</i> (Aerospace Medicine, Occupational Medicine, and Preventive Medicine)					
Requested	Verified		Requested	Verified	
		<b>2. Interventional (continued)</b>			<b>7. Complicated inpatient adult IM problems (continued)</b>
		i. Direct laryngoscopy			g. Chronic obstructive pulmonary disease not requiring ventilator support
		j. Endotracheal intubation			h. Serious infection (meningitis, pneumonias, sepsis, etc.)
		k. Colposcopy with biopsy			i. Undiagnosed anemia
		l. Sigmoidoscopy with biopsy			j. Uremia
		m. Exercise treadmill testing			k. Severe drug overdose
		n. Vasectomy <i>(Specify technique)</i>			l. Alcohol withdrawal syndrome
		o. Pediatric circumcision <i>(Specify technique)</i>			m. Bleeding and coagulation disorders
		p. Screening ultrasonography <i>(Specify obstetric, renal, other)</i>			n. Hypertensive crisis
		q. Placement of posterior nasal packs or balloons			o. Status epilepticus
		r. Skin biopsy <i>(not including known malignancy)</i> <i>(Specify excisional, punch, other)</i>			p. Cerebrovascular accident (CVA)
		s. Electrodesiccation			q. Coma of undetermined etiology
		t. Liquid nitrogen ablation			r. Disease of muscle including dystrophies and myopathies
		u. Minor laceration repair			<b>8. Complicated obstetric and gynecologic problems</b> <i>(See AF Form 2820 for OB/GYN privileges)</i>
		v. Repair of major laceration involving more than one layer of closure			<b>D. AEROMEDICAL EVACUATION AND PATIENT TRANSPORT</b>
		w. Incision and drainage (I&D) cutaneous abscesses			<b>1. Approving medical officer for aeromedical evacuation</b>
		x. Outpatient treatment of burn			a. Clinical clearance <sup>A</sup>
		y. Placement of splint			b. Theatre validation <sup>A</sup>
		z. Circumferential casting			<b>2. Enroute care of general medical/pediatric patients <sup>A</sup></b>
		aa. Closed reduction of simple fracture and dislocation			<b>3. Enroute care of critically ill patients (See AF Form 2821 for emergency medicine privileges)</b>
		bb. Management of fingertip amputation			<b>4. Enroute care of complicated obstetric patients</b> <i>(See AF Form 2820 for OB/GYN privileges)</i>
		cc. Removal of corneal foreign body			<b>E. HYPERBARIC/HYPOBARIC MEDICINE</b>
		dd. Regional nerve block anesthesia			<b>1. Initial management and transport of decompression illness <sup>A</sup></b>
		ee. Myringotomy			<b>2. Definitive treatment and disposition of decompression illness <sup>R</sup></b>
		<b>C. INPATIENT CARE</b>			<b>3. Clinical evaluation for therapeutic use of hyperbaric oxygen <sup>R</sup></b>
		<b>1. Uncomplicated inpatient pediatric/routine newborn care</b>			<b>4. Performance in-hyperbaric chamber medical treatment/observation <sup>R</sup></b>
		<b>2. Uncomplicated inpatient adult internal medicine problems not including ICU/CCU care</b>			<b>5. Definitive treatment of aviation-related physiologic incidents</b>
		<b>3. Routine uncomplicated labor</b>			<b>6. Clinical evaluation of eustachian tube, sinus, and pulmonary complaints in hyper- and hypobaric chambers <sup>R</sup></b>
		<b>4. Uncomplicated musculoskeletal problems requiring hospitalization</b>			<b>F. SPECIAL OPERATIONAL EVALUATIONS</b>
		<b>5. Uncomplicated urologic problems requiring hospitalization</b>			<b>1. Special operational duty medical examination certification <sup>A</sup></b>
		<b>6. Complicated inpatient pediatric problems, using appropriate consultation with staff pediatricians when clinically indicated</b>			<b>2. Certification for return to special operational duty/aeromedical disposition <sup>A</sup></b>
		a. Serious infection <i>(meningitis, pneumonia, septic arthritis, etc.)</i>			<b>3. Certification of occupation-specific medical examination <sup>A,O,R</sup></b>
		b. Fluid and electrolyte problem			<b>4. Adaptability rating for:</b>
		c. Mild neonatal respiratory distress syndrome			a. Military Aviation (ARMA) <sup>A</sup>
		d. Uncomplicated premature infant care			b. Diving/submarine duties <sup>A</sup>
		e. Status asthmaticus			<b>5. In-flight medical evaluations of individual aviators <sup>A,R</sup></b>
		<b>7. Complicated inpatient adult internal medicine (IM) problems using appropriate consultation with staff internists when indicated</b>			<b>6. Aeromedical waiver authority</b> <i>(See higher HQ memo for letter of appointment) <sup>R</sup></i>
		a. Acute myocardial infarction			<b>7. Personnel Reliability Program (PRP) administrative certification</b>
		b. Congestive heart failure			<b>8. Signature authority for overseas clearance (by MDG/CC delegation) <sup>A</sup></b>
		c. Diabetic ketoacidosis			<b>9. Senior MTF physical profiling officer <sup>A</sup></b>
		d. Fluid and electrolyte disturbances			
		e. Acute gastrointestinal bleeding			
		f. Status asthmaticus			

I. LIST OF CLINICAL PRIVILEGES – PREVENTIVE MEDICINE SUBSPECIALISTS (Continued) (Aerospace Medicine, Occupational Medicine, and Preventive Medicine)					
Requested	Verified		Requested	Verified	
		<b>F. SPECIAL OPERATIONAL EVALUATIONS (continued)</b>			<b>I. ENVIRONMENTAL AND PREVENTIVE MEDICINE</b>
		10. MDG profile officer (See MDG/CC memo of appointment) <sup>A</sup>			1. Design, conduct, and interpretation of public health surveys A,O,P,R
		<b>G. OCCUPATIONAL HEALTH UNIQUE SERVICES</b>			2. Epidemiological analysis of disease/injury/health services data A,O,P,R
		1. Pre-placement examination and certification A,O,R			3. Medical management of exposure to environmental toxins (radiation, hydrazine, fuel, lead, and other heavy metals, etc.) A,O,P,R
		2. Physical examination for disability retirement A,O,R			4. Medical assessment of remediation and prevention safeguards for environmental hazards A,O,P,R
		3. Hazardous duty examination A,O,R			5. Population health epidemiology, including threat identification and population-based intervention A,O,P,R
		4. Performance, coordination, and interpretation disability evaluations A,O,P,R			6. Food- and water-borne illness outbreak investigation and intervention A,O,P,R
		5. Performance fitness and risk evaluations A,O,P,R			7. Infectious disease outbreak investigation and intervention A,O,P,R
		6. Epidemiological investigation of occupational health conditions A,O,P,R			8. Collect, analyze, and interpret disease, injury, syndromic, and hazard surveillance data A,O,P,R
		7. Design and prescription of rehabilitation programs for job placement <sup>O</sup>			9. Assess biological, chemical, nuclear, radiation, and electrical energy threats; and implement pre- and post-exposure countermeasures A,O,P,R
		8. Certification of occupational exam requirements A,O,R			
		9. Conduct and certification of workplace surveys A,O,R			<b>J. DEPLOYMENT AND TRAVEL MEDICINE</b>
		10. Clinical consultant for chemical, radiation, biological, or laser hazard exposures A,O,P,R			1. Assess deployment and travel-related health threats and implement countermeasures A,O,P,R
		11. Clinical consultant for work station/human interface assessment A,O,R			2. Design preventive medical strategies for deployment activities A,O,P,R
		12. Non-surgical management of general disease and injury due to occupation A,O,P,R			3. Design and conduct medical surveillance in deployed locations A,O,P,R
		13. Non-surgical management of cumulative trauma disorders A,O,P,R			4. Design and conduct food and water surveillance activities A,O,P,R
		14. Evaluation and prescription of personal protective devices and work practice modifications A,O,P,R			5. Unsupported medical/trauma operations (SME) A,R
		15. Evaluation of acute workplace impairment due to drug or alcohol A,O,P,R			6. Evaluation of and clearance for deployment A,O,P,R
		16. Pregnancy evaluation for workplace exposure A,O,P,R			7. Evaluation of deployment-related health concerns and associated exposure assessment A,O,P,R
		17. Evaluation and treatment of acute and chronic allergic reaction A,O,P,R			
		18. CA-16 for issuance <sup>O</sup>			<b>K. APPLIED OPERATIONAL MEDICINE</b>
		19. Medical review officer (MRO) for drug testing program A,O,R (See MDG/CC memo of appointment)			1. Operational use of medication for performance enhancement (go/no-go, etc.) A, R
		<b>H. DISASTER/MISHAP RESPONSE</b>			2. STS mission medical support (ground) A, R
		1. Direct testing, sampling, and preservation of human forensic evidence following mishap A,R			3. Gz protection instruction and in-flight review to include head-up display (HUD) videotape reviews A, R
		2. Qualified medical member for safety investigation board (IAW AFI 91-204) A,R			4. Advanced protective gear instruction (Combat Edge)
		3. Interpretation of forensic and toxicologic evidence in support of military safety programs A,R			5. Night-vision goggles (NVG) instruction
		4. Investigate, document, and treat following aviation physiologic incidents A,R			6. Work, rest, and circadian rhythm scheduling A,R
		5. Investigate, document, and treat following aviation barotraumas A,R			7. Individual and unit fitness/exercise instruction and program design A,O,P,R
		6. Investigate, document, and treat following smoke in the cockpit A,R			8. Prevention, diagnosis, and definitive care of nuclear, biological, and chemical casualties A,P,R
		7. Investigate, document, and treat following aviation hypoxia A,R			9. Prevention, diagnosis, and treatment of psychological and sociological stresses associated with deployments, special warfare, combat operations, sustained operations, and humanitarian operations for both groups and individuals A,P,R
		8. Investigate, document, and treat following G-induced loss of consciousness A,R			10. Initial support of units, individuals, and families with casualties or loss A,P,R

**CLINICAL PRIVILEGES – PREVENTIVE MEDICINE SUBSPECIALISTS (Continued)**  
**(Aerospace Medicine, Occupational Medicine, and Preventive Medicine)**

Requested	Verified	
		<b>L. OTHER (Specify)</b>
		1.
		2.
		3.
		4.
		5.
		6.
		7.
		8.
		9.

<b>SIGNATURE OF APPLICANT</b>	<b>DATE</b>
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**II. CLINICAL SUPERVISOR'S RECOMMENDATION**

<input type="checkbox"/> <b>RECOMMEND APPROVAL</b>	<input type="checkbox"/> <b>RECOMMEND APPROVAL WITH MODIFICATION</b> <i>(Specify below)</i>	<input type="checkbox"/> <b>RECOMMEND DISAPPROVAL</b> <i>(Specify below)</i>

<b>SIGNATURE OF CLINICAL SUPERVISOR</b> (Include typed, printed, or stamped signature block)	<b>DATE</b>
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