

**HEALTH CENTER
Delineation of Privileges in Ambulatory Care
Primary Care Practitioner**

Applicant's Name: _____ **Date:** _____

Title: _____

CATEGORY I CORE PRIVILEGES: Practitioner requesting these privileges must be certified or eligible for certification by the appropriate professional organization (American Board of Family Practice, American College of Nurse-Midwives, etc.)

| Practice/Procedure | Current | Requested | Provisional | Recommended |
|---|---------|-----------|-------------|-------------|
| 1. Outpatient Obstetrical Care: general dx and tx | | | | |
| 2. Outpatient Adult Medical Care: “ | | | | |
| 3. Outpatient Pediatric Care: “ | | | | |
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CATEGORY II PRIVILEGES: Practitioner requesting these privileges must meet the requirements for Category I and show documentation of appropriate training and continued proficiency.

| Practice/Procedure | Current | Requested | Provisional | Recommended |
|--|---------|-----------|-------------|-------------|
| 1. Circumcision of newborn | | | | |
| 2. Colposcopy and biopsy | | | | |
| 3. Cervix cryosurgery | | | | |
| 4. EKG interpretation | | | | |
| 5. Endometrial biopsy | | | | |
| 6. Flexible sigmoidoscopy and biopsy | | | | |
| 7. Vasectomy | | | | |
| 8. IUD insertion & removal | | | | |
| 9. Norplant insertion & removal | | | | |
| 10. Fracture care: non-operative/non-displaced | | | | |
| 11. Joint aspiration | | | | |
| 12. Injection of joint, tendon, bursa | | | | |
| 13. Nail matrix destruction | | | | |
| 14. Laceration repair | | | | |
| 15. Incision & drainage of abscess | | | | |
| 16. Biopsy skin and subcutaneous | | | | |
| 17. Sebaceous cyst treatment or excision | | | | |
| 18. Venereal warts treatment | | | | |
| 19. Foreign body removal: eye | | | | |
| 20. Nasal laryngoscopy | | | | |
| 21. Foreign body removal: ear, nose, throat | | | | |
| 22. Bladder catheterization | | | | |
| 23. Child abuse/Sexual assault evaluation | | | | |
| 24. Infusion therapy | | | | |
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- Applicant attests that clinical training provided adequate instruction and experience for requested privileges.
- Signature of applicant on this form does not preclude requesting additional privileges in the future.
- Any restriction on clinical privileges granted is waived in an emergency situation.
- Clinical privileges will be reviewed and revised every two years.

Signature of Applicant Date

Signature of Medical Director Date

Signature of Chair, Board of Directors Date