

APP PRIVILEGES IN ORTHOPEDICS

Name:

Instructions:

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. Uncheck any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.
5. As the Supervising Physician I have reviewed and agree to the Collaborative Practice Agreement by signing this privilege form. The Collaborative Practice Agreement can be found [here](#).

Required Qualifications

Education/Training	Successful completion of a PA or NP program
Licensure (Initial and Reappointment)	Current Licensure as a PA or RN 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

FPPE FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS.

Definitions

"General Supervision" means the definition specified at 42 CFR 410.32(b)(3)(i), that is, the procedure or service is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure.

"Personal Supervision" means the definition specified at 42 CFR 410.32(b)(3)(iii), that is, the physician must be in attendance in the room during the performance of the service or procedure.

"Direct Supervision" means that the physician or nonphysician practitioner must be present on the same campus where the services are being furnished. For services furnished in an off-campus provider based department as defined in 42 CFR 413.65, he or she must be present within the off-campus provider based department. The physician or nonphysician practitioner must be immediately available to furnish assistance and direction throughout the performance of the procedure. The physician or nonphysician practitioner does not have to be present in the room when the procedure is performed.

Patient Population

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

Core Privileges - PHYSICIAN ASSISTANT (PA)

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Physician	Service Chief/Designee
General Supervision			
	Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty		
	Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new and return patients		
	Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient		
	Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products		
	Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services		
	Performs designated procedures after demonstrated competency, according to written standardized procedures where applicable		
	Obtains informed consent, as indicated		
	Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork		
	Provides and coordinates patient teaching and counseling		
	<p>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 core criteria plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V) (DEA exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core)]</p>		
	<p>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 core criteria plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V)] (DEA exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core) Proof of completion of a one-time controlled substance education course approved by the California Physician Assistant Board]</p>		

Qualifications

Renewal Criteria Maintenance of all the above qualifications.
 Minimum of 22 core cases required during the past two years.

FPPE - Area is managed by Medical Staff Office. Please make NO selections

Core - PHYSICIAN ASSISTANT (PA) ORTHOPEDICS

Core Privileges - NURSE PRACTITIONER (NP)

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Physician	Service Chief/Designee
General Supervision			
	Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty, according to written standardized procedures		
	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		
	Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient, according to written standardized procedures		
	Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products		
	Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services		
	Performs designated procedures according to written standardized procedures where applicable		
	Obtains informed consent, as indicated		
	Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork		
	<p>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 core criteria plus: Current individual DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V) and Current Furnishing Licensure in the State of California (DEA and Furnishing Licensure exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core)]</p>		
	<p>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 core criteria plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V) and Current Furnishing Licensure in the State of California (DEA exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core)]</p>		

Qualifications

Renewal Criteria Maintenance of all the above qualifications.
 Minimum of 22 core cases required during the past two years.

FPPE - Area is managed by Medical Staff Office. Please make NO selections

Core - NURSE PRACTITIONER (NP) ORTHOPEDICS

Standardized Protocols/Standardized Procedures

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

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Physician	Service Chief/Designee
	(requires selection of a core professional role above)		
	General Supervision		
	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]		
	Personal Supervision		
	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 -OR- Board Certification as a Physician Assistant. Renewal - Minimum 20 cases required during the past 2 years.]		

Qualifications

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

FPPE - Area is managed by Medical Staff Office. Please make NO selections

- Administration of Moderate Sedation - (Chart Review)
- Administration of Moderate Sedation - (Direct Observation)
- First Assistant - (Chart Review)
- First Assistant - (Direct Observation)

Division

Request	<p align="center"><i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Physician	Service Chief/Designee
	(Select division which corresponds to your Supervising Physician)		
	HAND SURGERY		
	ORTHOPEDIC SURGERY		
	SPORTS MEDICINE		

Standardized Protocols/Standardized Procedures

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Physician	Service Chief/Designee
	(requires selection of a core professional role above)		
	General Supervision		
	Bursa Aspiration & Injection: Elbow [CRITERIA - Renewal - Minimum 12 cases required during the past 2 years]		
	Bursa Aspiration & Injection: Hip [CRITERIA - Renewal - Minimum 12 cases required during the past 2 years]		
	Bursa Aspiration & Injection: Knee [CRITERIA - Renewal - Minimum 12 cases required during the past 2 years]		
	Bursa Aspiration & Injection: Shoulder [CRITERIA - Renewal - Minimum 12 cases required during the past 2 years]		
	Debridement Of Minor Wounds [CRITERIA - Renewal - Minimum 6 cases required during the past 2 years.]		
	Intra-Articular Aspiration & Injection Without Ultrasound: Elbow [CRITERIA - Renewal - Minimum 6 cases required during the past 2 years.]		
	Intra-Articular Aspiration & Injection Without Ultrasound: Knee [CRITERIA - Renewal - Minimum 6 cases required during the past 2 years.]		
	Intra-Articular Aspiration & Injection Without Ultrasound: Shoulder [CRITERIA - Renewal - Minimum 6 cases required during the past 2 years.]		
	Intra-Articular Aspiration & Injection Without Ultrasound: Wrist & Hand [CRITERIA - Renewal - Minimum 10 cases required during the past 2 years.]		
	Intra-Articular Aspiration & Injection With Ultrasound: Elbow [CRITERIA - Renewal - Minimum 10 cases required during the past 2 years.]		
	Intra-Articular Aspiration & Injection With Ultrasound: Knee [CRITERIA - Renewal - Minimum 10 cases required during the past 2 years.]		
	Intra-Articular Aspiration & Injection With Ultrasound: Shoulder [CRITERIA - Renewal - Minimum 10 cases required during the past 2 years.]		
	Intra-Articular Aspiration & Injection With Ultrasound: Wrist & Hand [CRITERIA - Renewal - Minimum 10 cases required during the past 2 years.]		
	Platelet rich plasma processing and injectionfor Hipunder ultrasound guidance: [CRITERIA - Renewal - Minimum 10 cases required during the past 2 years.]		
	Platelet rich plasma processing and injectionfor Elbowunder ultrasound guidance:[CRITERIA - Renewal - Minimum 10 cases required during the past 2 years.]		
	Platelet rich plasma processing and injection for Shoulder under ultrasound guidance:[CRITERIA - Renewal - Minimum 10 cases required during the past 2 years.]		
	Platelet rich plasma processing and injectionfor Kneewhereunder ultrasound guidance: [CRITERIA - Renewal - Minimum 10 cases required during the past 2 years.]		
	Wound Closure (Simple) [CRITERIA - Renewal - Minimum 6 cases required during the past 2 years.]		
	Direct Supervision Only		

CLOSED REDUCTION OF UPPER AND LOWER EXTREMITY FRACTURES [CRITERIA - Renewal - Minimum 6 cases required during the past 2 years.]		
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Qualifications

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

FPPE - Area is managed by Medical Staff Office. Please make NO selections

- Bursa Aspiration & Injection Elbow - (Chart Review)
- Bursa Aspiration & Injection Elbow - (Direct Observation)
- Bursa Aspiration & Injection Hip - (Chart Review)
- Bursa Aspiration & Injection Hip - (Direct Observation)
- Bursa Aspiration & Injection Knee - (Chart Review)
- Bursa Aspiration & Injection Knee - (Direct Observation)
- Bursa Aspiration & Injection Shoulder - (Chart Review)
- Bursa Aspiration & Injection Shoulder - (Direct Observation)
- Closed Reduction Of Upper And Lower Extremity Fractures - (Chart Review)
- Closed Reduction Of Upper And Lower Extremity Fractures - (Direct Observation)
- Debridement Of Minor Wounds - (Chart Review)
- Debridement Of Minor Wounds - (Direct Observation)
- Intra-Articular Aspiration & Injection without Ultrasound - Elbow - (Chart Review)
- Intra-Articular Aspiration & Injection without Ultrasound - Elbow - (Direct Observation)
- Intra-Articular Aspiration & Injection without Ultrasound - Knee - (Chart Review)
- Intra-Articular Aspiration & Injection without Ultrasound - Knee - (Direct Observation)
- Intra-Articular Aspiration & Injection without Ultrasound - Shoulder - (Chart Review)
- Intra-Articular Aspiration & Injection without Ultrasound - Shoulder - (Direct Observation)
- Intra-Articular Aspiration & Injection without Ultrasound - Wrist & Hand - (Chart Review)
- Intra-Articular Aspiration & Injection without Ultrasound - Wrist & Hand - (Direct Observation)
- Intra-Articular Aspiration & Injection with Ultrasound - Elbow - (Chart Review)
- Intra-Articular Aspiration & Injection with Ultrasound - Elbow - (Direct Observation)
- Intra-Articular Aspiration & Injection with Ultrasound - Knee - (Chart Review)
- Intra-Articular Aspiration & Injection with Ultrasound - Knee - (Direct Observation)
- Intra-Articular Aspiration & Injection with Ultrasound - Shoulder - (Chart Review)
- Intra-Articular Aspiration & Injection with Ultrasound - Shoulder - (Direct Observation)
- Intra-Articular Aspiration & Injection with Ultrasound - Wrist & Hand - (Chart Review)
- Intra-Articular Aspiration & Injection with Ultrasound - Wrist & Hand - (Direct Observation)
- Platelet rich plasma processing and injectionfor Hipunder ultrasound guidance - (Chart Review)
- Platelet rich plasma processing and injectionfor Hipunder ultrasound guidance - (Direct Observation)
- Platelet rich plasma processing and injectionfor Elbowunder ultrasound guidance (Chart Review)
- Platelet rich plasma processing and injectionfor Elbowunder ultrasound guidance (Direct Observation)
- Platelet rich plasma processing and injection for Shoulder under ultrasound guidance (Chart Review)
- Platelet rich plasma processing and injection for Shoulder under ultrasound guidance (Direct Observation)
- Platelet rich plasma processing and injectionfor Kneeunder ultrasound guidance (Chart Review)
- Platelet rich plasma processing and injectionfor Kneeunder ultrasound guidance (Direct Observation)
- Wound Closure (Simple) - (Chart Review)
- Wound Closure (Simple) - (Direct Observation)

Acknowledgment of Applicant

I have requested only those privileges for which, by education, training and experience I am qualified to perform under the supervision of an attending physician, and that I wish to exercise at Stanford Hospital & Clinics.

I attest that I have met all of the required criteria and will meet all competency requirements for each standardized protocol and/or standardized procedure that I have requested.

I also attest that I will adhere to the guidelines of the SHC Job Description appropriate to my professional role as well as all standardized protocols and/or standardized procedures that I have requested.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this privilege request _____ Date _____

Service Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

Service Chief Recommendation - Proctoring Requirements

Supervising Physician - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request _____ Date _____

Service Chief - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request _____ Date _____