

## APP PRIVILEGES IN DERMATOLOGY

**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 Supervision/Delegation of Services Agreement by signing this privilege form. The Supervision/Delegation of Services Agreement can be found [here](#).

Required Qualifications	
<b>Education/Training</b>	Successful completion of a PA or NP program
<b>Licensure (Initial and Reappointment)</b>	Current Licensure as a PA or RN in the state of CA Current certification as a NP in the state of California
<b>Certification (Initial and Reappointment)</b>	Current certification as a PA or NP by a nationally accredited organization
<b>Additional Qualifications (Initial and Reappointment)</b>	Current BLS from the American Heart Association. Current DEA required (DEA and Nurse Practitioner Furnishing Exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core)
<b>Renewal Criteria</b>	Maintenance of all the above qualifications.
<b>FPPE</b>	FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS.
<b>Definitions</b>	"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	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician	Service Chief/Designee
	<b>Patient Population</b>		
	Infant		
	Pediatric		
	Adolescent		
	Adult		
	Geriatric		
	<b>Setting</b>		
	Outpatient		
	Inpatient		

**Provide care on LPCH patients in specific areas of SHC**

Request	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician	Service Chief/Designee
	<b>Additional Request</b>		
	For LPCH APP who ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit		

**Core Privileges - PHYSICIAN ASSISTANT (PA)**

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Physician	Service Chief/Designee
<b>General Supervision</b>			
	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		
	<b>MEDICATIONS</b> 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 above APP requirements plus: NP's - Current Furnishing Licensure in the State of California; PA's - Current Licensure in the State of California and National Certification for Physician Assistants; CNS's- Current Licensure in the State of California]		
	<b>CONTROLLED MEDICATIONS OUTPATIENT PRESCRIPTION</b> 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 above NP or PA requirements plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V)]		

**Qualifications**

**Renewal Criteria** 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)

**Core Privileges - NURSE PRACTITIONER (NP)**

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Physician	Service Chief/Designee
<b>General Supervision</b>			
	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 above APP requirements plus: NP's - Current Furnishing Licensure in the State of California; PA's - Current Licensure in the State of California and National Certification for Physician Assistants; CNS's- Current Licensure in the State of California]-</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 above NP or PA requirements plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V)]</p>		

**Qualifications**

**Renewal Criteria** 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)

**Standardized Protocols/Standardized Procedures**

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

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Physician	Service Chief/Designee
	<b>(requires selection of a core professional role above)</b>		
	<b>General Supervision</b>		
	MEDICATIONS - INDEPENDENT CHEMOTHERAPY ORDERING [CRITERIA- New hire APP are not eligible for this privilege. In order to apply for this privilege, the APP must complete a minimum of one year of ordering of chemotherapy/biotherapy with co-signature. The one year supervision requirement may be waived by the attending MD if the APP is experienced in chemotherapy/biotherapy. The APP must hold a current ONS/ONCC Chemotherapy/Biotherapy certificate which must be renewed every 2 years as required by ONS. Minimum 5 chart reviews annually.]		
	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]		
	<b>Personal Supervision</b>		
	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.]		

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

- Medications - Independent Chemotherapy - (Chart Review)
- Medications - Independent Chemotherapy - (Direct Observation)
- Administration of Moderate Sedation - (Chart Review)
- Administration of Moderate Sedation - (Direct Observation)
- First Assist - (Chart Review)
- First Assist - (Direct Observation)

[applicant]

**Division**

Request	<b><i>Request all privileges listed below.</i></b> <i>Uncheck any privileges that you do not want to request.</i>	Supervising Physician	Service Chief/Designee
	<b>(Select division which corresponds to your Supervising Physician)</b>		
	DERMATOLOGY		
	DERMATOLOGY ONCOLOGY - ONS Chemotherapy certification required within one year of hire. The ONS chemotherapy certification must be renewed every 2 years.		
	CUTANEOUS ONCOLOGY - ONS Chemotherapy certification required within one year of hire. The ONS chemotherapy certification must be renewed every 2 years.		

**Standardized Protocols/Standardized Procedures**

Request	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician	Service Chief/Designee
	<b>(requires selection of a core professional role above)</b>		
	<b>General Supervision</b>		
	ASPIRATION OF FLUIDS (CYSTS) [CRITERIA - Minimum 6 cases required]		
	CRYOTHERAPY [CRITERIA - Minimum 6 cases required]		
	EPIDERMAL CHEMICAL PEEL [CRITERIA - Minimum 24 cases required]		
	EPIDERMAL PEEL [CRITERIA - Minimum 24 cases required]		
	EPIDERMAL SUTURES: LINEAR CLOSURES [CRITERIA - Minimum 6 cases required]		
	EPIDERMAL SUTURES: LINEAR CLOSURES, SKIN FLAPS, GRAFTS [CRITERIA - Minimum 6 cases required]		
	INCISION & DRAINAGE [CRITERIA - Minimum 6 cases required]		
	INCISION & DRAINAGE: PILONIDAL CYST [CRITERIA - Minimum 6 cases required]		
	INCISION & DRAINAGE: SUBCUTANEOUS ABSCESS [CRITERIA - Minimum 6 cases required]		
	INTRALESION STEROID INJECTIONS [CRITERIA - Minimum 6 cases required]		
	KOH SCRAPINGS [CRITERIA - Minimum 6 cases required]		
	LASER PROCEDURES [CRITERIA - Minimum 6 cases required]		
	LASER PROCEDURES: NON-ABLATIVE [CRITERIA - Minimum 6 cases required]		
	MICRODERMABRASION [CRITERIA - Minimum 6 cases required]		
	PHOTODYNAMIC THERAPY [CRITERIA - Minimum 6 cases required]		
	PUNCH BIOPSY [CRITERIA - Minimum 6 cases required]		
	SCLEROTHERAPY [CRITERIA - Minimum 6 cases required]		
	SHAVE BIOPSY [CRITERIA - Minimum 6 cases required]		

**Qualifications**

**Initial Criteria**                      Must Also Meet the Core Criteria for Standardized Protocols/Standardized Procedures

**Renewal Criteria**                      Criteria noted above for each privilege

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

- Aspiration Of Fluids (Cysts) - (Chart Review)
- Aspiration Of Fluids (Cysts) - (Direct Observation)
- Cryotherapy - (Chart Review)
- Cryotherapy - (Direct Observation)
- CVC Internal/External Jugular - (Chart Review)
- CVC Internal/External Jugular - (Direct Observation)
- CVC Subclavian - (Chart Review)
- CVC Subclavian - (Direct Observation)
- Epidermal Chemical Peel - (Chart Review)

[applicant]

- Epidermal Chemical Peel - (Direct Observation)
- Epidermal Peel - (Chart Review)
- Epidermal Peel - (Direct Observation)
- Epidermal Sutures: Linear Closures - (Chart Review)
- Epidermal Sutures: Linear Closures - (Direct Observation)
- Epidermal Sutures: Linear Closures, Skin Flaps, Grafts - (Chart Review)
- Epidermal Sutures: Linear Closures, Skin Flaps, Grafts - (Direct Observation)
- Incision & Drainage - (Chart Review)
- Incision & Drainage - (Direct Observation)
- Incision & Drainage: Pilonidal Cyst - (Chart Review)
- Incision & Drainage: Pilonidal Cyst - (Direct Observation)
- Incision & Drainage: Subcutaneous Abscess - (Chart Review)
- Incision & Drainage: Subcutaneous Abscess - (Direct Observation)
- Intralesion Steroid Injections - (Chart Review)
- Intralesion Steroid Injections - (Direct Observation)
- Koh Scrapings - (Chart Review)
- Koh Scrapings - (Direct Observation)
- Laser Procedures - (Chart Review)
- Laser Procedures - (Direct Observation)
- Laser Procedures: Non-Ablative - (Chart Review)
- Laser Procedures: Non-Ablative - (Direct Observation)
- Microdermabrasion - (Chart Review)
- Microdermabrasion - (Direct Observation)
- Photodynamic Therapy - (Chart Review)
- Photodynamic Therapy - (Direct Observation)
- Punch Biopsy - (Chart Review)
- Punch Biopsy - (Direct Observation)
- Sclerotherapy - (Chart Review)
- Sclerotherapy - (Direct Observation)
- Shave Biopsy - (Chart Review)
- Shave Biopsy - (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):



[applicant]

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