

APP PRIVILEGES IN MEDICINE

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

Education/Training	Successful completion of a PA, NP or CNS program
Licensure (Initial and Reappointment)	Current Licensure as a PA, RN or CNS in the state of CA Current certification as a NP in the state of California
Certification (Initial and Reappointment)	Current certification as a PA, NP or CNS by a nationally accredited organization
Additional Qualifications (Initial and Reappointment)	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)
Renewal Criteria	Maintenance of all the above qualifications.
FPPE	FPPE CRITERIA LISTED BELOW AS INFORMATIONAL. 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 <input type="checkbox"/>	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief/Designee <input type="checkbox"/>
	Patient Population		
<input type="checkbox"/>	Infant	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Pediatric	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Adolescent	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Adult	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Geriatric	<input type="checkbox"/>	<input type="checkbox"/>
	Setting		
<input type="checkbox"/>	Outpatient	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Inpatient	<input type="checkbox"/>	<input type="checkbox"/>

Provide care on LPCH patients in specific areas of SHC

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

Core Privileges - PHYSICIAN ASSISTANT (PA)

Request <input type="checkbox"/>	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief/Designee <input type="checkbox"/>
General Supervision			
<input type="checkbox"/>	Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new and return patients	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Performs designated procedures after demonstrated competency, according to written standardized procedures where applicable	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Obtains informed consent, as indicated	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provides and coordinates patient teaching and counseling	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	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 NP or PA requirements plus: NP's - Current Furnishing Licensure in the State of California PA's - Current individual DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V)]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	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)]	<input type="checkbox"/>	<input type="checkbox"/>

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 <input type="checkbox"/>	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief/Designee <input type="checkbox"/>
General Supervision			
<input type="checkbox"/>	Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty, according to written standardized procedures	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	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	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient, according to written standardized procedures	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Performs designated procedures according to written standardized procedures where applicable	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Obtains informed consent, as indicated	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	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]-	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	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)]	<input type="checkbox"/>	<input type="checkbox"/>

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)

Core Privileges - CLINICAL NURSE SPECIALIST (CNS)

Request <input type="checkbox"/>	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief/Designee <input type="checkbox"/>
General Supervision			
<input type="checkbox"/>	Evaluates and treats patients with acute, and chronic health complaints as well as 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 processes Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patients, according to written standardized procedures Administers and orders medications Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Performs designated procedures after demonstrated competency, according to written standardized procedure where applicable	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Obtains informed consent, as indicated	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Recognizes and considers the age specific needs of patients	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Recognizes situations which require the immediate attention of a physician, and initiates lifesaving procedures when necessary	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Performs discharge summaries	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	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]	<input type="checkbox"/>	<input type="checkbox"/>

Qualifications

Renewal Criteria Minimum of 22 core cases required during the past two years.

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Core - CLINICAL NURSE SPECIALIST (CNS)

Standardized Protocols/Standardized Procedures

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

Request <input type="checkbox"/>	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief/Designee <input type="checkbox"/>
	(requires selection of a core professional role above)		
	General Supervision		
<input type="checkbox"/>	MEDICATIONS - INDEPENDENT CHEMOTHERAPY ORDERING [CRITERIA - New hire APP and BMT 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. For APPs providing services primarily at Stanford Children's Health, the Association of Pediatric Hematology/Oncology Nurses (APHON) certification equivalence will be accepted. Minimum 10 cases required during past two years.]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	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]	<input type="checkbox"/>	<input type="checkbox"/>
	Personal Supervision		
<input type="checkbox"/>	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.]	<input type="checkbox"/>	<input type="checkbox"/>

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

Division

Request <input type="checkbox"/>	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief/Designee <input type="checkbox"/>
(Select division which corresponds to your Supervising Physician)			
<input type="checkbox"/>	BLOOD & MARROW TRANSPLANT (BMT) - ONS Chemotherapy certification required within one year of hire. The ONS chemotherapy certification must be renewed every 2 years. Requires current ACLS from the American Heart Association.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	HEMATOLOGY - ONS Chemotherapy certification required within one year of hire. The ONS chemotherapy certification must be renewed every 2 years.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	ONCOLOGY - ONS Chemotherapy certification required within one year of hire. The ONS chemotherapy certification must be renewed every 2 years.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CARDIOVASCULAR MEDICINE	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	ENDOCRINOLOGY	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	GASTROENTEROLOGY	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	HOSPITAL MEDICINE	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	PRIMARY CARE & POPULATION HEALTH	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	INFECTIOUS DISEASE	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	NEPHROLOGY	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	PULMONARY & CRITICAL CARE Current ACLS from the American Heart Association [CRITICAL CARE ONLY]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	RHEUMATOLOGY	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	VADEN	<input type="checkbox"/>	<input type="checkbox"/>

Standardized Protocols/Standardized Procedures

Request <input type="checkbox"/>	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief/Designee <input type="checkbox"/>
	(requires selection of a core professional role above)		
	General Supervision		
<input type="checkbox"/>	ARTERIAL LINE INSERTION [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	ASPIRATION OF FLUIDS (CYSTS) [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	BARRIER CONTRACEPTIVES: DIAPHRAGM [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	BONE MARROW BIOPSY & ASPIRATION [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	BONE MARROW BIOPSY & ASPIRATION Using OnCore Bone Marrow Drill [CRITERIA -Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	BONE MARROW & PERIPHERAL BLOOD STEM CELL INFUSIONS [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	BURSA ASPIRATION & INJECTION: ELBOW [CRITERIA - Renewal - Minimum 6 cases required during the past 2 years.]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	BURSA ASPIRATION & INJECTION: HIP [CRITERIA - Renewal - Minimum 6 cases required during the past 2 years.]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	BURSA ASPIRATION & INJECTION: KNEE [CRITERIA - Renewal - Minimum 6 cases required during the past 2 years.]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	BURSA ASPIRATION & INJECTION: SHOULDER [CRITERIA - Renewal - Minimum 6 cases required during the past 2 years.]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CENTRAL VENOUS CATHETER (CVC): INSERTION Internal/External Jugular [CRITERIA - Must complete "Getting to Zero" educational module; Minimum 10 cases required. Case log required - Initial only.]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CENTRAL VENOUS CATHETER (CVC): INSERTION Subclavian [CRITERIA - Must complete "Getting to Zero" educational module; Minimum 10 cases required. Case log required - Initial only.]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CENTRAL VENOUS CATHETER (CVC): INSERTION Femoral [CRITERIA - Must complete "Getting to Zero" educational module; Minimum 6 cases required. Case log required - Initial only.]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CENTRAL VENOUS CATHETER (CVC): REMOVAL OF TUNNELED [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CERVICAL POLYPECTOMY [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CHEST TUBE PLACEMENT [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CHEST TUBE REMOVAL [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	COLPOSCOPY [CRITERIA - Current certification via the ASCCP or by a certifying agency following the principles of ASCCP or the American College of Obstetrics and Gynecology. Renewal -Minimum 20 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CRYOSURGERY [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	DIRECT CURRENT CARDIOVERSION (DCCV) [CRITERIA - Current ACLS from the American Heart Association. Renewal Criteria - Minimum 10 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	EXCISION OF TOENAIL [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	FLEXIBLE RHINOLARYNGOPHARYNGOSCOPY [CRITERIA - Minimum 48 Insertion/Exam cases; Minimum 48 Recording/Exam cases]	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	IMPLANTABLE LOOP RECORDER INSERTION [Initial CRITERIA - Perform at least 5 procedures in the past 2 years under the Direct supervision of a physician or provider privileged to perform the procedure. Renewal Criteria - Perform at least 10 procedures every 2 years to maintain competency. Continued proficiency will be documented on annual evaluation and as circumstances require.]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	INCISION & DRAINAGE [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	INCISION & DRAINAGE: PILONIDAL CYST [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	INCISION & DRAINAGE: SUBCUTANEOUS ABSCESS [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	INCISION & DRAINAGE: THROMBOSED EXTERNAL HEMORRHOIDS [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	INTRA-ARTICULAR ASPIRATION & INJECTION: KNEE [CRITERIA - Renewal - Minimum 4 cases required during the past 2 years.]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	INTRA-ARTICULAR ASPIRATION & INJECTION: SHOULDER [CRITERIA - Renewal - Minimum 4 cases required during the past 2 years.]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	INTRALESION STEROID INJECTIONS [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	INTRAUTERINE DEVICE (IUD) REMOVAL [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	LUMBAR PUNCTURE (LP) [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	MANAGEMENT AND CARE OF MECHANICAL LEFT VENTRICULAR AND RIGHT VENTRICULAR ASSIST DEVICES [CRITERIA - Minimum 10 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	OMMAYA RESERVOIR ACCESS [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	PACEMAKER IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD) & IMPLANTABLE LOOP RECORDER (ILR) EVALUATION AND PROGRAMMING [Initial CRITERIA - Successful completion of specialized training in device evaluation and programming with a member of the arrhythmia team that is Heart Rhythm Society Certified Cardiac Device Specialist. -AND- Three months of weekly clinic sessions which will include didactic teaching session and supervised hands on sessions. RENEWAL CRITERIA - Minimum 50 cases required during the past 2 years]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	PACER WIRE REMOVAL [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	KOH SCRAPINGS [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	PARACENTESIS [CRITERIA - Minimum 10 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	PUNCH BIOPSY [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	REMOVAL OF BENIGN SKIN LESION [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	REMOVAL OF FOREIGN BODY [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	SHAVE BIOPSY [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	SUBUNGUAL HEMATOMA EVACUATION [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	THORACENTESIS [CRITERIA - Minimum 10 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	WOUND CLOSURE (SIMPLE) [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	WOUND CLOSURE & MINOR DEBRIDEMENT OF WOUNDS [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>

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

- Arterial Line Insertion - (Chart Review)
- Arterial Line Insertion - (Direct Observation)
- Aspiration Of Fluids (Cysts) - (Chart Review)
- Aspiration Of Fluids (Cysts) - (Direct Observation)
- Barrier Contraceptives: Diaphragm - (Chart Review)
- Barrier Contraceptives: Diaphragm - (Direct Observation)
- Bone Marrow Biopsy & Aspiration - (Chart Review)
- Bone Marrow Biopsy & Aspiration - (Direct Observation)
- Bone Marrow Biopsy & Aspiration Using OnCore Bone Marrow Drill - (Chart Review)
- Bone Marrow Biopsy & Aspiration Using OnCore Bone Marrow Drill - (Direct Observation)
- Bone Marrow & Peripheral Blood Stem Cell Infusions - (Chart Review)
- Bone Marrow & Peripheral Blood Stem Cell Infusions - (Direct Observation)
- 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)
- Chest Tube Placement - (Chart Review)
- Chest Tube Placement - (Direct Observation)
- CVC Femoral - (Chart Review)
- CVC Femoral - (Direct Observation)
- CVC Internal/External Jugular - (Chart Review)
- CVC Internal/External Jugular - (Direct Observation)
- CVC Removal Of Tunneled - (Chart Review)
- CVC Removal Of Tunneled - (Direct Observation)
- CVC Subclavian - (Chart Review)
- CVC Subclavian - (Direct Observation)
- Cervical Polypectomy - (Chart Review)
- Cervical Polypectomy - (Direct Observation)
- Chest Tube Removal - (Chart Review)
- Chest Tube Removal - (Direct Observation)
- Colposcopy - (Chart Review)
- Colposcopy - (Direct Observation)
- Cryosurgery - (Chart Review)
- Cryosurgery - (Direct Observation)
- Direct Current Cardioversion (DCCV) (Chart Review)
- Direct Current Cardioversion (DCCV) (Direct Observation)
- Excision of Toenail - (Chart Review)
- Excision of Toenail - (Direct Observation)
- Incision & Drainage (I&D) - (Chart Review)
- Incision & Drainage (I&D) - (Direct Observation)
- I&D Pilonidal Cyst - (Chart Review)
- I&D Pilonidal Cyst - (Direct Observation)
- I&D Subcutaneous Abscess - (Chart Review)
- I&D Subcutaneous Abscess - (Direct Observation)
- I&D Thrombosed External Hemorrhoids - (Chart Review)
- I&D Thrombosed External Hemorrhoids - (Direct Observation)
- IMPLANTABLE LOOP RECORDER INSERTION - (Chart Review)

- IMPLANTABLE LOOP RECORDER INSERTION - (Direct Observation)
- Insertion/Exam Flexible Rhinolaryngopharyngoscopy (pertinent anatomy) - (Chart Review)
- Insertion/Exam Flexible Rhinolaryngopharyngoscopy (pertinent anatomy) - (Direct Observation)
- INTRA-ARTICULAR & BURSA ASPIRATION & INJECTION: KNEE - (Chart Review)
- INTRA-ARTICULAR & BURSA ASPIRATION & INJECTION: KNEE - (Direct Observation)
- INTRA-ARTICULAR & BURSA ASPIRATION & INJECTION: SHOULDER - (Chart Review)
- INTRA-ARTICULAR & BURSA ASPIRATION & INJECTION: SHOULDER - (Direct Observation)
- Intralesion Steroid Injections - (Chart Review)
- Intralesion Steroid Injections - (Direct Observation)
- Iud Removal - (Chart Review)
- Iud Removal - (Direct Observation)
- Koh Scrapings - (Chart Review)
- Koh Scrapings - (Direct Observation)
- Lumbar Puncture - (Chart Review)
- Lumbar Puncture - (Direct Observation)
- Management and care of mechanical left ventricular and right ventricular assist devices - (Chart Review) - (Direct Observation)
- Management and care of mechanical left ventricular and right ventricular assist devices - (Direct Observation)
- Ommaya Reservoir Access - (Chart Review)
- Ommaya Reservoir Access - (Direct Observation)
- Pacemaker ICD & ILR Evaluation and Programming - (Chart Review) -
- Pacemaker ICD & ILR Evaluation and Programming - (Direct Observation)
- Pacer Wire Removal - (Chart Review)
- Pacer Wire Removal - (Direct Observation)
- Paracentesis - (Chart Review)
- Paracentesis - (Direct Observation)
- Punch Biopsy - (Chart Review)
- Punch Biopsy - (Direct Observation)
- Recording/Exam Flexible Rhinolaryngopharyngoscopy (present issue) - (Chart Review)
- Recording/Exam Flexible Rhinolaryngopharyngoscopy (present issue) - (Direct Observation)
- Removal Of Benign Skin Lesion - (Chart Review)
- Removal Of Benign Skin Lesion - (Direct Observation)
- Removal Of Foreign Body - (Chart Review)
- Removal Of Foreign Body - (Direct Observation)
- Shave Biopsy - (Chart Review)
- Shave Biopsy - (Direct Observation)
- Subungual Hematoma Evacuation - (Chart Review)
- Subungual Hematoma Evacuation - (Direct Observation)
- Thoracentesis - (Chart Review)
- Thoracentesis - (Direct Observation)
- Wound Closure (Simple) - (Chart Review)
- Wound Closure (Simple) - (Direct Observation)
- Wound Closure & Minor Debridement Of Wounds - (Chart Review)
- Wound Closure & Minor Debridement Of Wounds - (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 _____ Date
privilege request

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