

APP PRIVILEGES IN SURGERY

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 or NP program
Licensure (Initial and Reappointment)	Current licensure as a PA or RN in the state of California 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 Requirements (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. 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	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician	Service Chief Rec
<input type="checkbox"/>		<input type="checkbox"/>	<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	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician	Service Chief Rec
<input type="checkbox"/>		<input type="checkbox"/>	<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 Rec <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 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 - 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 Rec <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)

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 Rec <input type="checkbox"/>
	(requires selection of a core professional role above)		
	General Supervision		
<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"/>
<input type="checkbox"/>	ROBOTICS ASSISTED SURGERY ASSISTANT [CRITERIA - Initial - Must meet Core Criteria. Must be approved for FIRST ASSISTANT privilege. Completion of "da Vinci Multi - Port Training Passport Technology Training Pathway: First Assistant" Certificate required - OR - Letter from attending surgeon documenting competency and documentation of a minimum of 24 robotics procedures during the past 2 years. Case log required. Renewal - Minimum 24 procedures required during the past 2 years]	<input type="checkbox"/>	<input type="checkbox"/>

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- First Assistant - (Chart Review)
- First Assistant - (Direct Observation)
- Administration Of Moderate Sedation - (Chart Review)
- Administration Of Moderate Sedation - (Direct Observation)
- Robotic Assisted Surgery Assistant - (Chart Review)
- Robotic Assisted Surgery Assistant - (Direct Observation)

Division

Request <input type="checkbox"/>	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Physician <input type="checkbox"/>	Service Chief Rec <input type="checkbox"/>
	(Select division which corresponds to your Supervising Physician)		
<input type="checkbox"/>	EMERGENCY MEDICINE Current ACLS from the American Heart Association	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	GENERAL SURGERY	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	LIVER TRANSPLANT (ADULT / PEDIATRIC)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	PLASTIC & RECONSTRUCTIVE SURGERY	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	SURGICAL ONCOLOGY	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	VASCULAR SURGERY	<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 Rec <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 SUBCUTANEOUS FLUID COLLECTIONS (E.G., LYMPHOCELES) [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CENTRAL VENOUS CATHETER (CVC): INSERTION [CRITERIA - Must complete "Getting to Zero" educational module. Minimum of 6 cases required for each - Internal/External Jugular; Subclavian; Femoral]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CENTRAL VENOUS CATHETER (CVC): REMOVAL [CRITERIA - Minimum 6 cases required]	<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"/>	CHEST TUBE: INSERTION [CRITERIA - Minimum 10 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"/>	DRAIN: IRRIGATION & STRIPPING [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	DRAIN: REMOVAL [CRITERIA - Minimum 6 cases required]	<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"/>	INJECTION FOR TISSUE EXPANSION [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	LAP BAND ADJUSTMENT [CRITERIA - Minimum 20 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	LUMBAR PUNCTURE [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	MICRONEEDLING TREATMENT WITH AND WITHOUT PRP INJECTION [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	NIPPLE TATTOO [CRITERIA - Minimum 6 cases required]	<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"/>	PARACENTESIS [CRITERIA - Minimum 10 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	PERMACATH: REMOVAL [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	PESSARY FITTING/PLACEMENT AND REMOVAL [CRITERIA - Minimum 6 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"/>	SHAVE BIOPSY [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	SPINE CLEARANCE: CERVICAL [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	SPINE CLEARANCE: THORACIC-LUMBAR [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"/>
<input type="checkbox"/>	WOUND DEBRIDEMENT [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>

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- Arterial Line Insertion - (Chart Review)
- Arterial Line Insertion - (Direct Observation)
- Aspiration Of Subcutaneous Fluid Collections - (Chart Review)
- Aspiration Of Subcutaneous Fluid Collections - (Direct Observation)
- CVC Femoral Insertion - (Chart Review)
- CVC Femoral Insertion - (Direct Observation)
- CVC Femoral Removal - (Chart Review)
- CVC Femoral Removal - (Direct Observation)
- Removal Of Tunneled - (Chart Review)
- Removal Of Tunneled - (Direct Observation)
- Chest Tube: Insertion - (Chart Review)
- Chest Tube: Insertion - (Direct Observation)
- Chest Tube: Removal - (Chart Review)
- Chest Tube: Removal - (Direct Observation)
- CVC Internal External Juglar - (Chart Review)
- CVC Internal External Juglar - (Direct Observation)
- Drain: Irrigation & Stripping - (Chart Review)
- Drain: Irrigation & Stripping - (Direct Observation)
- Drain: Removal - (Chart Review)
- Drain: Removal - (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)
- Incision & Drainage: Thrombosed External Hemorrhoids - (Chart Review)
- Incision & Drainage: Thrombosed External Hemorrhoids - (Direct Observation)
- Injection For Tissue Expansion - (Chart Review)
- Injection For Tissue Expansion - (Direct Observation)
- Lap Band Adjustment - (Chart Review)
- Lap Band Adjustment - (Direct Observation)
- Lumbar Puncture - (Chart Review)
- Lumbar Puncture - (Direct Observation)
- Microneedling Treatment With And Without Prp Injection - (Chart Review)
- Microneedling Treatment With And Without Prp Injection - (Direct Observation)
- Nipple Tattoo - (Chart Review)
- Nipple Tattoo - (Direct Observation)
- Pacer Wire Removal - (Chart Review)
- Pacer Wire Removal - (Direct Observation)
- Paracentesis - (Chart Review)
- Paracentesis - (Direct Observation)
- Permacath: Removal - (Chart Review)
- Permacath: Removal - (Direct Observation)
- Pessary Fitting/Placement and Removal - (2 Chart Review)
- Pessary Fitting/Placement and Removal - (1 Direct Observation)
- Punch Biopsy - (Chart Review)
- Punch Biopsy - (Direct Observation)
- Shave Biopsy - (Chart Review)
- Shave Biopsy - (Direct Observation)
- Spine Clearance: Cervical - (Chart Review)

- Spine Clearance: Cervical - (Direct Observation)
- Spine Clearance: Thoracic-Lumbar - (Chart Review)
- Spine Clearance: Thoracic-Lumbar - (Direct Observation)
- Subclavian Ins - (Chart Review)
- Subclavian Ins - (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)
- Wound Debridement - (Chart Review)
- Wound Debridement - (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