

**ATRIUM HEALTH  
REAPPOINTMENT DELINEATION OF PRIVILEGES FORM  
ADVANCED PRACTICE PROVIDER  
SPECIALTY OF OBSTETRICS AND GYNECOLOGY**

\_\_\_\_\_  
Print Name

**SUMMARY OF OCCUPATION:**

1. The Advanced Practice Provider is a skilled member of the health care team who is qualified by academic and clinical education and experience to provide patient services as an Advanced Practice Provider under the supervision of a member(s) of the Medical Staff of Atrium Health in accordance with the Bylaws of the Medical Staff.
2. He/she shall assist in the implementation of the health care plan and the management of patients by performing diagnostic and therapeutic tasks as defined and approved by the Board, and authorized under applicable law.
3. For purposes of this form, Advanced Practice Provider shall mean a "Dependent Practitioner" defined as a health care professional other than physicians or dentists, who is approved by the Board, who is licensed or certified by his/her respective licensing or certifying agencies, and who provides service under the supervision of a physician who is currently appointed to the Medical Staff of Atrium Health.

**ORGANIZATIONAL RELATIONSHIP:**

1. The Advanced Practice Provider shall only exercise those clinical privileges maintained by the supervising physician(s) and approved by the Board. The Advanced Practice Provider may also assist the residents assigned to the Department of Obstetrics and Gynecology in performance of their duties and responsibilities as assigned by their supervising physician. The Advanced Practice Provider shall notify the supervising physician of all cases of acute and severe distress, serious nature (life- or limb-threatening), or whenever the patient wishes to see a physician or has unanswered questions.
2. The Advanced Practice Provider shall perform all privileges in accordance with all laws and regulations pertaining to the scope of practice for his or her health profession. The Advanced Practice Provider shall wear a nametag identifying him/herself as an Advanced Practice Provider and introduce him/herself as an Advanced Practice Provider, and shall at no time imply, state, or lead one to believe that he/she is a physician.
3. The Advanced Practice Provider must conduct all duties and responsibilities in accordance with departmental and hospital policies and procedures.
4. A nurse or secretary who receives an order from an Advanced Practice Provider for medication(s), laboratory or radiological studies, and/or treatment is authorized to perform that order as if it were received from a physician.
5. The supervising physician(s) must sign the Delineation of Privileges form of the Advanced Practice Provider, accepting responsibility for appropriate supervision, and shall intervene and directly assume the care of any patient when requested by the patient or the Advanced Practice Provider, required by hospital policies and procedures, or when in the interest of patient care. The supervising physician(s) shall co-sign entries on the medical records of patients seen or treated by the Advanced Practice Provider as required by hospital policies and procedures.

**QUALIFICATIONS:**

1. The Advanced Practice Provider shall maintain qualifications as specified in the POLICY ON CLINICAL PRIVILEGES FOR ADVANCED PRACTICE PROVIDERS. His/her past experience and training shall be commensurate with privileges requested.
2. The scope of duties and responsibilities of the Advanced Practice Provider shall be delineated on an approved Delineation of Privileges form and approved by the Board.

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Print Name

**QUALIFICATION – continued:**

3. The Supervising Physician shall delegate only tasks and procedures to his or her Advanced Practice Provider which are within or contemplated by the clinical privileges granted to the Supervising Physician by the Medical Executive Committee and the Board of Commissioners and which the Advanced Practice Provider has been approved to perform. It is understood that the supervision of an Advanced Practice Provider shall never be transferred to a physician who is not currently a fully appointed member of Atrium Health Medical Staff.
4. If the Medical Staff appointment or Clinical Privileges of the Sponsoring Physician are resigned, revoked or terminated, the Advanced Practice Provider's permission to practice shall automatically terminate and his or her clinical privileges shall be automatically relinquished.

**SUPERVISION:**

Except where the Delineation of Privileges form provides for Personal Supervision or Proximate Supervision, General Supervision (as defined below) will be required for all tasks and procedures performed by the Advanced Practice Provider.

1. "General Supervision" shall mean the procedure is furnished under the supervising physician's overall direction and control, but the physician is not required to be present during the procedure. General Supervision requires the performance of tasks and procedures in a manner that is consistent with state law, the applicable standard of care, Medical Staff Bylaws and hospital policies and procedures, but does not require Personal Supervision or Proximate Supervision, as those terms are defined below.
2. "Proximate Supervision" shall mean the physical presence of a sponsoring/supervising physician in the hospital, in close proximity and immediately available to furnish assistance and direction to the Advanced Practice Provider as needed.
3. "Personal Supervision" shall mean the physical presence of a sponsoring/supervising physician in the room with the Advanced Practice Provider during the performance of a procedure.

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- Initial appointment       Reappointment       Updated DOP/Sponsoring Physician Change

**NOTE 1: "CORE" privileges cannot be amended or altered in any way.**

**NOTE 2: Advanced Practice Providers must apply for "CORE" privileges in order to be eligible for special procedure clinical privileges at any facility within Atrium Health.**

**NOTE 3: Please note that the exercise of certain privileges enumerated herein is necessarily limited by the operational and resource constraints of the facility. All procedures must be performed within a clinical setting with the capabilities and organizational structure required to provide appropriate support.**

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		<b>OBSTETRICS AND GYNECOLOGY CORE CLINICAL PRIVILEGES</b>
								N/A		CAPP-OBG-1	Provide care, treatment, and services consistent with the practice of Obstetrics and Gynecology including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling for female patients within the age group of patients seen by the supervising physician(s). The Advanced Practice Provider may not admit patients to the hospital but may initiate/place orders on behalf of the supervising physician.

The Advanced Practice Provider may, in consultation with the supervising physician, perform the following duties: Initiate/place orders on behalf of the supervising physician; assess and record health status of patients through obtaining a complete medical/social history; perform emergent precipitous delivery until Physician arrives; perform a physical examination including rectal and pelvic examinations as indicated based on age and history; write orders for and interpret age-appropriate and condition-specific screening tests, laboratory tests, and diagnostic procedures, pharmacological interventions, and non-pharmacological interventions; consult and collaborate with other health care providers as appropriate and initiate referral to appropriate physician; prescribe/order IV fluids, IV drugs, blood products, X-ray, EKG and electrolytes; review electro physiologic and hemodynamic status; apply, remove and change dressings and bandages; perform incision and drainage of superficial abscesses; perform wound debridement and general care of superficial wounds and minor superficial surgical procedures; provide contraceptive care; administer health and wellness counseling; counsel and instruct patients and significant others as appropriate; perform evaluation and treatment of common vaginal infections; monitor and manage stable acute and chronic illnesses of the population served; removal of tubes and drains; insertion and removal of nasogastric tubes; local anesthesia, skin; aseptic and isolation technique; perform urinary bladder catheterization (short term and indwelling); administer pregnancy testing and care before, during and after pregnancy; screen and refer for other health problems including suspected sexual abuse and rape; perform STD screen and follow-up; provide post-hospital instructions to patients related to prescribed care, treatments, activities, exercises, diet, and medications, schedule follow-up appointments and therapies as appropriate, make hospital rounds, write progress notes, and discharge summaries; provide appropriate patient education regarding purpose, regimens, side effects, possible interactions of medications and/or treatments, cost, and alternative treatments or procedures.

Print Name \_\_\_\_\_

**\* SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

CMC	Pine.	Univ.	CR	Lin.	CAB	Union	Stanly	Anson	CLE	SPECIAL PROCEDURES				
										PROXIMATE SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location
								N/A		CAPP-OBG-1(a)*	Suturing	10		
			N/A					N/A		CAPP-OBG-1(c)*	Administration of Intrathecal Antineoplastic Agents	5		
										PERSONAL SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location
								N/A		CAPP-OBG-1(b)*	First Assist C-Section	10		

**\* REQUIRED PREVIOUS EXPERIENCE:**

1. Applicants must present evidence of appropriate training; **AND**
2. Demonstrated current competence and evidence within the past two (2) years of at least the “minimum number performed” as indicated above.

**CRITERIA FOR MAINTENANCE OF PRIVILEGES (CAPP-OBG-1(a) and CAPP-OBG-1(b)):**

The Practitioner must submit a minimum of five (5) cases, for each special privilege held, over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for current special privileges. This will be reviewed at the time of reappointment. Practitioners who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

**CRITERIA FOR MAINTENANCE OF PRIVILEGES (CAPP-OBG-1(c)):**

The Practitioner must submit a minimum of two (2) cases, for each special privilege held, over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for current special privileges. This will be reviewed at the time of reappointment. Practitioners who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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 Print Name

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLV	CAPP-OBG-1	SPECIAL PROCEDURES			
										PROXIMATE SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location
										CAPP-OBG-1(d)*	Write oral/subcutaneous /intramuscular/ intravenous/ intraperitoneal antineoplastic agents per protocol prescribed by the attending oncologist	30		

**APPLICANT MUST:**

1. (a) Show evidence of successful completion of the ASCO course on Chemotherapy for Advanced Practice Providers

**AND**

(b) Submit documentation of experience of writing at least thirty (30) cases of oral/subcutaneous/intramuscular and/or intravenous/intraperitoneal antineoplastic agents within the past two (2) years.

**OR**

(b) Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds the privilege to perform. You must provide documentation of proctoring for ten (30) procedures under direct supervision.

In reviewing requests for privileges, the Credentials Committee will determine if the course content or experience are judged to be satisfactory for the recommendation of privileges.

- I. Formal Training Program – Please include the location, dates, type of program and the name and address of the practitioner responsible for your training.

\_\_\_\_\_

- II. Post Graduate Program – Please include course description, copy of course certificate and the name and address of the practitioner responsible for your training.

\_\_\_\_\_

- III. Prescribing Experience at Other Hospitals: Please provide a list of cases and the name and address of the supervising/collaborating physician.

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Print Name \_\_\_\_\_

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		<b>TELEMEDICINE ONLY PRIVILEGES</b>
								N/A		CAPP-OBG-2	<p>Provide care, treatment, and services consistent with the practice of Obstetrics and Gynecology including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling for female patients within the age group of patients seen by the supervising physician(s). The Advanced Practice Provider may not admit patients to the hospital but may initiate/place orders on behalf of the supervising physician. The Supervising Physician shall remain responsible for all clinical activity of the Advanced Practice Provider.</p> <p>PLEASE NOTE: Telemedicine activities require prior approval from the Facility Medical Executive Committee.</p>

**PRIVILEGES REQUESTED BY:**

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

I attest that the information provided in my initial application or most recent reappointment is accurate and has not changed, specifically the disclosure questions relating to my licensure or registration, clinical privileges, participation in benefit programs, health status, liability, and work history.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed or typed name of Applicant

**SPONSORING PHYSICIAN:**

\_\_\_\_\_  
Signature of Sponsoring Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed or typed name of Sponsoring Physician

\_\_\_\_\_  
Signature of Sponsoring Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed or typed name of Sponsoring Physician

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**CASE LOG**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

	<b>DATE</b>	<b>MEDICAL RECORD NUMBER</b>	<b>PROCEDURE TYPE</b>	<b>Name of procedure (as listed on DOP, e.g. CAPP-OBG-1(a))</b>
1				
2				
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30				
			<b>TOTAL</b>	