



Atrium Health

IMPORTANT

Dear Applicant

Enclosed you will find the Delineation of Privileges Form specific to your specialty. This form reflects the minimum qualifications as outlined and approved by the Atrium Health Medical Staff.

- Please thoroughly review and select your desired clinical privileges. Check the box corresponding to the privileges that you are requesting. Applicants should only request those privileges where the criteria has been achieved.
- After you have selected your privileges, sign, date, and submit the **required documentation** for each privilege selected. (i.e. case logs, fellowship director letter, ACLS documentation)
- Where case logs are required, please include 1) Date of procedure, 2) Medical Record Number, 3) Procedure Type and 4) Privilege Number listed on the Delineation of Privileges Form.
- Privileges for which you have not selected or do not meet the minimum criteria cannot be performed.
- If you wish to perform privileges and do not have documentation of the minimum criteria requirements as outlined on the Delineation of Privileges Form, you will need to request permission to proctor through Medical Staff Services.
- Failure to return the Delineation of Privileges Form along with the required documentation will **delay** your start date.

If you have any questions or concerns, please contact the Medical Staff Services teammate assigned to your file.

**ATRIUM HEALTH
ADVANCED PRACTICE PROVIDER
PHYSICIAN ASSISTANT OR NURSE PRACTITIONER
SPECIALTY OF PEDIATRICS**

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 Medicine 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.

Print Name

QUALIFICATIONS - 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 for these procedures" 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 Allied Health Professional during the performance of a procedure.

**ATRIUM HEALTH
DELINEATION OF PRIVILEGES FORM
ADVANCED PRACTICE PROVIDER
SPECIALTIES OF PEDIATRICS**

Print Name _____

	YES		NO*	I have participated in direct patient care in the hospital or outpatient* setting within the past two (2) years.
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***If the answer is No, please do not complete this form. Contact your Medical Staff Services Coordinator for additional instructions regarding the required proctoring process.**

Initial appointment **Reappointment** **Updated DOP/Sponsoring Physician Change**

To be eligible for Advanced Practice Provider (APP) core privileges, the applicant must meet the following qualifications:

- If the applicant completed their APP training program in the past two (2) years, the applicant must:
 1. Provide documentation of successful completion of an accredited Nurse Practitioner or Physician's Assistant graduate program where you participated in direct patient care in the hospital setting; **AND**
 2. Verification from the program director that the Applicant successful completed the program. Experience must include evidence of current clinical competence during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts; **OR**
 2. If you are unable to provide current clinical competence during the past two (2) years, check the applicable core privilege "Proctoring Requested" box(s) to indicate to your Medical Staff Services Coordinator that you require proctoring. You must provide documentation of proctoring for thirty (30) encounters related to APP Pediatric core privileges.
- If the applicant completed their APP training program greater than two (2) years ago, the applicant must:
 1. Demonstrate that he/she has provided inpatient or outpatient* services for at least thirty (30) patients, for services directly related to the APP Pediatric core privilege requested, during the past two (2) years in an accredited hospital, healthcare facility, or outpatient* clinic; **OR**
 1. Check the applicable core privilege "Proctoring Requested" box(s) to indicate to your Medical Staff Services Coordinator that you require proctoring. You must provide documentation of proctoring for thirty (30) encounters related to APP Pediatric core privileges.

Print Name _____

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.

NOTE 4: If you are unable to meet the competency criteria defined by the Medical and Dental Staff for core and/or special privileges, you will need to request permission to proctor by selecting the applicable proctoring box(s) below. Proctoring is required for privileges when an applicant/appointee does not meet the initial eligibility qualifications or reappointment criteria.

***NOTE 5: Outpatient care experience within the past two (2) years is acceptable for those applying for the Outpatient Only Core Privilege.**

CMC	Pineville	University City	Carolinas Rehab	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	GENERAL PEDIATRIC CORE PRIVILEGE <small>Term Newborn Nursery Core Privileges (CAPP-PED-17) are included when the applicant applies for and maintains General Pediatrics Core Privileges (CAPP-PED-1).</small>	Proctoring Requested
										CAPP-PED-1 Provide care, treatment, and services consistent with pediatric practice, including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling for patients within the age group of patients seen by the sponsoring 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, diagnose, and treat childhood illnesses, including chronic and acute conditions, or any other condition that is within the expertise and knowledge of the Advanced Practice Provider; consult and collaborate with other healthcare providers as necessary; perform wound debridement and general care for superficial wounds and minor superficial surgical procedures; initiate referral to appropriate physician; make daily rounds on hospitalized patients with or at the direction of the supervising physician; obtain and record medical/social history and perform physical examinations including rectal and genitor-urinary examinations as indicated; order diagnostic testing and therapeutic modalities; perform field infiltrations of anesthetic solutions; perform incision and drainage of superficial abscesses; participate in the teaching activities and health counseling to include pregnancy testing; screen and refer for other health problems including suspected sexual abuse and rape; or physical abuse, emotional abuse, mental health issues including eating disorders and school failure, perform STD screen and follow-up; contraception counseling and management; foreign body removal, ear; record progress notes; write discharge summaries.

Print Name _____

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	GENERAL PEDIATRIC SPECIAL PROCEDURES					
										<i>Must apply for and maintain General Pediatric Core Privileges</i>					
										PERSONAL SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location	Proctoring Requested
										CAPP-PED-1(a)	Circumcisions	10			
										CAPP-PED-1(b)	Extra digit removal	10			
										PROXIMATE SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location	Proctoring Requested
										CAPP-PED-1(d)	PICC Lines (excluding internal jugular lines and subclavian placement)	15			
										GENERAL SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location	Proctoring Requested
										CAPP-PED-1(e)	Lumbar Puncture	10			

REQUIRED COMPETENCY CRITERIA FOR SPECIAL PRIVILEGES (CAPP-PED-1(a – e)):

1. Applicants must present evidence of appropriate training; **AND**
2. Demonstrate current competence and evidence of performance within the past two (2) years of at least the “minimum number required” as indicated above; **OR**
2. Check the applicable privilege “Proctoring Requested” box(s) to indicate to your Medical Staff Services Coordinator that you require proctoring. You must provide documentation of proctoring for at least the “minimum number required” as indicated above.

REAPPOINTMENT CRITERIA FOR CONTINUED SPECIAL PRIVILEGES (CAPP-PED-1(a – d)):

The APP 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. If you are unable to meet the required case volume, indicate so to your Medical Staff Services Coordinator who can assist you with the permission to proctor process.

Print Name _____

REAPPOINTMENT CRITERIA FOR CONTINUED SPECIAL PRIVILEGES (CAPP-PED-1(e)):

The APP 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. If you are unable to meet the required case volume, indicate so to your Medical Staff Services Coordinator who can assist you with the permission to proctor process.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	OUTPATIENT ONLY CORE PRIVILEGE	
										CAPP-PED-14	Outpatient Core Privileges
<p>Outpatient core privilege in pediatrics include the provision of care for patients within the age group of patients seen by the sponsoring physician(s). Privileges include the evaluate, diagnosis, medical services associated which fall within the purview of the Department of Pediatrics, participate in the teaching activation involved in the care of outpatients at the Atrium Health Greater Charlotte Market hospital-licensed clinics.</p>											

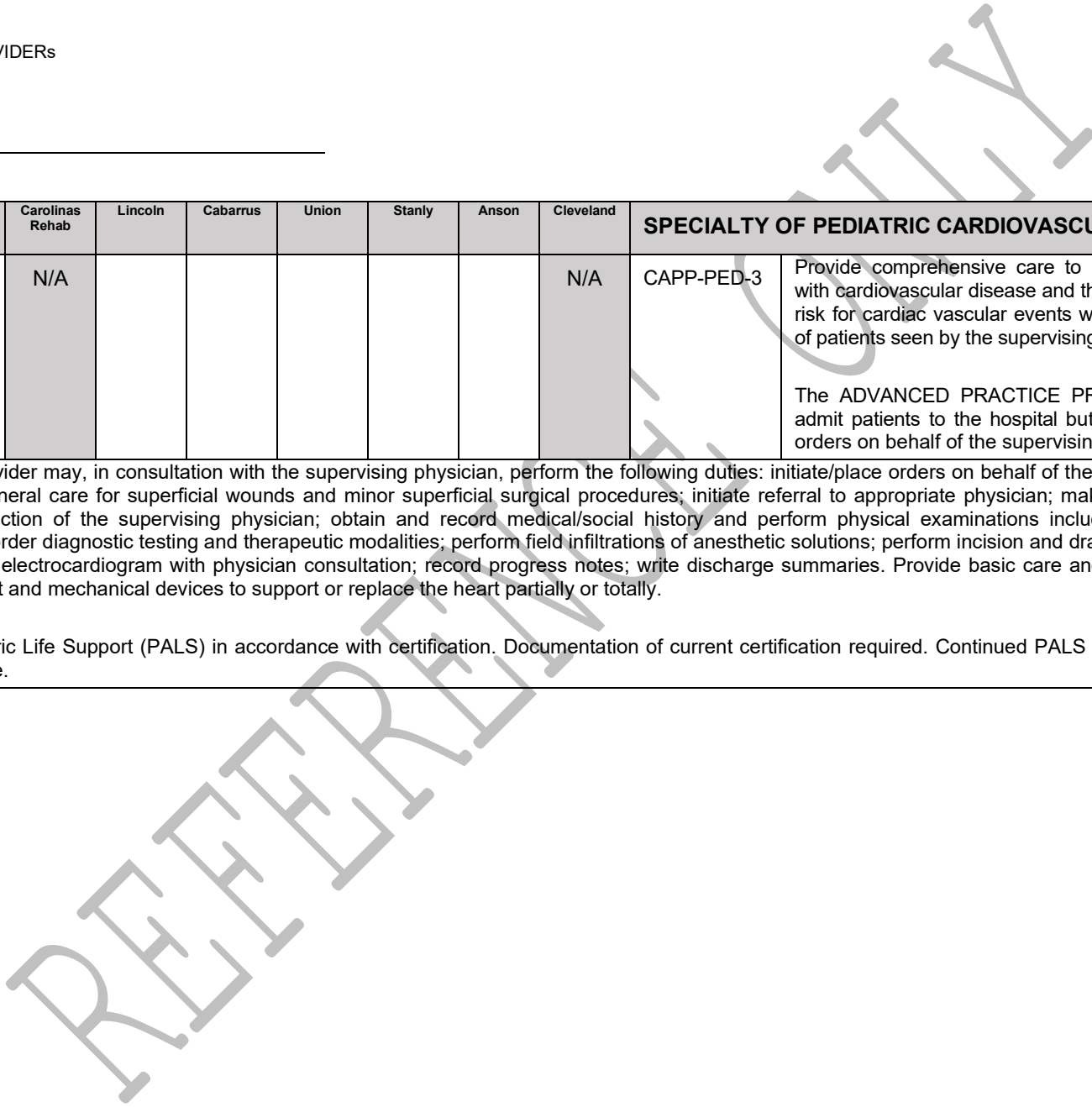
CMC	Pineville	University City	Carolinas Rehab	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	SPECIALTY OF PEDIATRIC ALLERGY AND IMMUNOLOGY		Proctoring Requested
									N/A	CAPP-PED-2	<p>Provide care, treatment, and services consistent with patients presenting with conditions or disorders involving the immune system, both acquired and congenital, including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling for patients within the age group of patients seen by the sponsoring physician(s).</p> <p>The ADVANCED PRACTICE PROVIDER may not admit patients to the hospital but may initiate/place orders on behalf of the supervising physician.</p>	
<p>The Advanced Practice Provider may, in consultation with the supervising physician, perform the following duties: initiate/place orders on behalf of the supervising physician; initiate referral to appropriate physician; make daily rounds on hospitalized patients with or at the direction of the supervising physician; obtain and record medical/social history and perform physical examinations; order diagnostic testing and therapeutic modalities; record progress notes; write discharge summaries.</p>												

Print Name _____

CMC	Pineville	University City	Carolinas Rehab	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	SPECIALTY OF PEDIATRIC CARDIOVASCULAR DISEASES	Proctoring Requested
			N/A						N/A	CAPP-PED-3 Provide comprehensive care to patients diagnosed with cardiovascular disease and those identified as at risk for cardiac vascular events within the age group of patients seen by the supervising physician. 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; perform wound debridement and general care for superficial wounds and minor superficial surgical procedures; initiate referral to appropriate physician; make daily rounds on hospitalized patients with or at the direction of the supervising physician; obtain and record medical/social history and perform physical examinations including rectal and genitor-urinary examinations as indicated; order diagnostic testing and therapeutic modalities; perform field infiltrations of anesthetic solutions; perform incision and drainage of superficial abscesses; preliminary interpretation of electrocardiogram with physician consultation; record progress notes; write discharge summaries. Provide basic care and management of patients with implantation of artificial heart and mechanical devices to support or replace the heart partially or totally.

Directing/Performing Pediatric Life Support (PALS) in accordance with certification. Documentation of current certification required. Continued PALS certification will be tracked and monitored by the service line.



Print Name _____

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	CARDIOVASCULAR DISEASES SPECIAL PROCEDURES					
										<i>Must apply for and maintain Pediatric Cardiovascular Diseases Core Privileges</i>					
										PROXIMATE SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location	Proctoring Requested
			N/A						N/A	CAPP-PED-3(a)	PICC Lines (excluding internal jugular lines and subclavian placement)	15			

REQUIRED COMPETENCY CRITERIA FOR SPECIAL PRIVILEGES (CAPP-PED-3(a)):

1. Applicants must present evidence of appropriate training; **AND**
2. Demonstrate current competence and evidence of performance within the past two (2) years of at least the “minimum number required” as indicated above; **OR**
2. Check the applicable privilege “Proctoring Requested” box(s) to indicate to your Medical Staff Services Coordinator that you require proctoring. You must provide documentation of proctoring for at least the “minimum number required” as indicated above.

REAPPOINTMENT CRITERIA FOR CONTINUED SPECIAL PRIVILEGES (CAPP-PED-3(a)):

The APP 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. If you are unable to meet the required case volume, indicate so to your Medical Staff Services Coordinator who can assist you with the permission to proctor process.

Print Name _____

CMC	Pineville	University City	Carolinas Rehab	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	SPECIALTY OF PEDIATRIC CRITICAL CARE	Proctoring Requested
										CAPP-PED-4 Evaluate, diagnose, interpret data, treat and provide consultation and management of care for patients with complex needs who are critically ill within the age group of patients seen by the sponsoring physician(s) (inclusive of neurological or postneurosurgical, postsurgical, postcardiac/thoracic surgical care). 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; assistance in management of critically ill patients alongside the intensivist; obtain and record medical history and perform physical examination; conduct comprehensive patient chart review for RHICU patients deemed appropriate by the intensivist; develop and implement an initial plan for patients in collaboration with the intensivist; initiate referral to appropriate physician; order and interpret electrocardiograms with immediate second reading by supervising physician; order and perform initial interpretations of simple plain x-ray films with second reading by supervising physician (or radiologist); order diagnostic testing and therapeutic modalities; perform endotracheal extubation; perform invasive/non-invasive ventilation and chest tube management in collaboration with the supervising physician, record progress notes; write discharge summaries. Provide basic care and management of patients with implantation of artificial heart and mechanical devices to support or replace the heart partially or totally.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	PEDIATRIC CRITICAL CARE SPECIAL PROCEDURES					
										<i>Must apply for and maintain Pediatric Critical Care Core Privileges</i>					
										PROXIMATE SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location	Proctoring Requested
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CAPP-PED-4(a)	Umbilical Vessel Catheterization				
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CAPP-PED-4(b)	Insertion of Chest Tubes	10			
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CAPP-PED-4(c)	Atrial and Ventricular Pacing Wire Removal	10			

Print Name _____

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	PEDIATRIC CRITICAL CARE SPECIAL PROCEDURES					
										<i>Must apply for and maintain Pediatric Critical Care Core Privileges</i>					
										PROXIMATE SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location	Proctoring Requested
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CAPP-PED-4(d)	Intracardiac Indwelling Line Removal	10			
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CAPP-PED-4(e)	Peripherally Inserted Central Venous Catheters (PICC) Lines	15			
										PERSONAL SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location	Proctoring Requested
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CAPP-PED-4(f)	Urgent Endotracheal Intubation	10			
										GENERAL SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location	Proctoring Requested
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CAPP-PED-4(h)	Central venous catheterization insertion and removal, nontunneled (all sites)	10			
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CAPP-PED-4(i)	Percutaneous Arterial Lines	15			
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CAPP-PED-4(j)	Lumbar Puncture	5			

 Print Name

REQUIRED COMPETENCY CRITERIA FOR SPECIAL PRIVILEGES (CAPP-PED-4(a – j)):

1. Applicants must present evidence of appropriate training; **AND**
2. Demonstrate current competence and evidence of performance within the past two (2) years of at least the “minimum number required” as indicated above; **OR**
2. Check the applicable privilege “Proctoring Requested” box(s) to indicate to your Medical Staff Services Coordinator that you require proctoring. You must provide documentation of proctoring for at least the “minimum number required” as indicated above.

REAPPOINTMENT CRITERIA FOR CONTINUED SPECIAL PRIVILEGES (CAPP-PED-4(a – h and j)):

The APP 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. If you are unable to meet the required case volume, indicate so to your Medical Staff Services Coordinator who can assist you with the permission to proctor process.

REAPPOINTMENT CRITERIA FOR CONTINUED SPECIAL PRIVILEGES (CAPP-PED-4(i)):

The APP 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. If you are unable to meet the required case volume, indicate so to your Medical Staff Services Coordinator who can assist you with the permission to proctor process.

CMC	Pineville	University City	Carolinas Rehab	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	SPECIALTY OF PEDIATRIC DERMATOLOGY	Proctoring Requested
										CAPP-PED -5 Provide care, treatment, and services consistent with dermatology practice, including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling for patients within the age group of patients seen by the sponsoring 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; assist in major medical procedures such as Mohs micrographic surgery, if applicable; perform wound debridement, epidermal and dermal suturing, and general care for superficial wounds and minor superficial surgical procedures; initiate referrals to appropriate physicians; make daily rounds on hospitalized patients with or at the direction of the sponsoring physician; obtain and record medical/social history and perform physical examinations; order diagnostic testing and therapeutic modalities; field infiltrations of anesthetic solutions; record progress notes and write discharge summaries; incision and drainage of superficial abscess.											

Print Name _____

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	DERMATOLOGY SPECIAL PROCEDURES					
										<i>Must apply for and maintain Pediatric Dermatology Core Privileges</i>					
										PROXIMATE SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location	Proctoring Requested
			N/A							CAPP-PED-5(a)	Cryosurgery	10			
			N/A							CAPP-PED-5(b)	Electrosurgery/ Electrodesiccation	10			
			N/A							CAPP-PED-5(c)	Biopsies and simple and complex excisions	10			

REQUIRED COMPETENCY CRITERIA FOR SPECIAL PRIVILEGES (CAPP-PED-5(a – c)):

1. Applicants must present evidence of appropriate training; **AND**
2. Demonstrate current competence and evidence of performance within the past two (2) years of at least the “minimum number required” as indicated above; **OR**
2. Check the applicable privilege “Proctoring Requested” box(s) to indicate to your Medical Staff Services Coordinator that you require proctoring. You must provide documentation of proctoring for at least the “minimum number required” as indicated above.

REAPPOINTMENT CRITERIA FOR CONTINUED SPECIAL PRIVILEGES (CAPP-PED-5(a – c)):

The APP 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. If you are unable to meet the required case volume, indicate so to your Medical Staff Services Coordinator who can assist you with the permission to proctor process.

Print Name _____

CMC	Pineville	University City	Carolinas Rehab	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	SPECIALTY OF PEDIATRIC EMERGENCY MEDICINE	Proctoring Requested
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	<p>CAPP-PED-6 Assess, evaluate, diagnose, and initially treat patients within the age group of patients seen by the supervising physician who present in the Emergency Department with any symptom, illness, injury, or condition, and provide services necessary to ameliorate minor illnesses or injuries. Stabilize patients with major illnesses or injuries and assess all patients to determine if additional care is necessary. Privileges do not include long-term care of patients on an inpatient basis.</p> <p>The ADVANCED PRACTICE PROVIDER may not admit patients to the hospital but may initiate/place orders on behalf of the supervising physician.</p>	
<p>The Advanced Practice Provider may, in consultation with the supervising physician, perform the following duties: initiate/place orders on behalf of the supervising physician; apply, remove, and manage casts and splints; perform wound debridement and general care for superficial wounds and minor superficial surgical procedures; initiate referral to appropriate physician; obtain and record medical/social history and perform physical examinations including rectal and genitor-urinary examinations as indicated; ocular tonometry; order diagnostic testing and therapeutic modalities; perform incision and drainage of superficial abscesses; perform preliminary interpretations of EKGs with immediate second reading by supervising physician; field infiltrations of anesthetic solutions; record progress notes; reduce joint dislocations; perform removal of superficial foreign body; splint extremity fractures; perform trephination and removal of nail.</p>											

Print Name _____

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	PEDIATRIC EMERGENCY MEDICINE SPECIAL PROCEDURES					
										<i>Must apply for and maintain Pediatric Emergency Medicine Core Privileges</i>					
										PROXIMATE SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location	Proctoring Requested
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CAPP-PED-6(a)	Perform anoscopy	10			
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CAPP-PED-6(b)	Central venous catheterization insertion and removal, nontunneled (all sites)	10			

REQUIRED COMPETENCY CRITERIA FOR SPECIAL PRIVILEGES (CAPP-PED-6(a – b)):

1. Applicants must present evidence of appropriate training; **AND**
2. Demonstrate current competence and evidence of performance within the past two (2) years of at least the “minimum number required” as indicated above; **OR**
2. Check the applicable privilege “Proctoring Requested” box(s) to indicate to your Medical Staff Services Coordinator that you require proctoring. You must provide documentation of proctoring for at least the “minimum number required” as indicated above.

REAPPOINTMENT CRITERIA FOR CONTINUED SPECIAL PRIVILEGES (CAPP-PED-6(a – b)):

The APP 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. If you are unable to meet the required case volume, indicate so to your Medical Staff Services Coordinator who can assist you with the permission to proctor process.

Print Name _____

CMC	Pineville	University City	Carolinas Rehab	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	SPECIALTY OF PEDIATRIC ENDOCRINOLOGY	Proctoring Requested
										CAPP-PED-7 Provide care, treatment, and services consistent with endocrinology practice, including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling for patients. 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; initiate referral to appropriate physician; make daily rounds on hospitalized patients with or at the direction of the supervising physician; obtain and record medical/social history and perform physical examinations; order diagnostic testing and therapeutic modalities; record progress notes; write discharge summaries.

CMC	Pineville	University City	Carolinas Rehab	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	SPECIALTY OF PEDIATRIC GASTROENTEROLOGY	Proctoring Requested
										CAPP-PED-8 Provide care, treatment, and services consistent with gastroenterology practice, including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling for patients within the age group of patients seen by the sponsoring 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; initiate referral to appropriate physician; counsel and instruct patients and significant others as appropriate; obtain medical histories and perform physical exams; order diagnostic testing and therapeutic modalities; peg tube replacement-mature tract; make daily rounds on hospitalized patients with or at the direction of the supervising physician; record progress notes, write discharge summaries.

Print Name _____

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	PEDIATRIC GASTROENTEROLOGY SPECIAL PROCEDURES					
										<i>Must apply for and maintain Pediatric Gastroenterology Core Privileges</i>					
										GENERAL SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location	Proctoring Requested
			N/A							CAPP-PED-8(a)	Paracentesis	10			

REQUIRED COMPETENCY CRITERIA FOR SPECIAL PRIVILEGES (CAPP-PED-8(a)):

1. Applicants must present evidence of appropriate training; **AND**
2. Demonstrate current competence and evidence of performance within the past two (2) years of at least the "minimum number required" as indicated above; **OR**
2. Check the applicable privilege "Proctoring Requested" box(s) to indicate to your Medical Staff Services Coordinator that you require proctoring. You must provide documentation of proctoring for at least the "minimum number required" as indicated above.

REAPPOINTMENT CRITERIA FOR CONTINUED SPECIAL PRIVILEGES (CAPP-PED-8(a)):

The APP 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. If you are unable to meet the required case volume, indicate so to your Medical Staff Services Coordinator who can assist you with the permission to proctor process.

CMC	Pineville	University City	Carolinas Rehab	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	SPECIALTY OF PEDIATRIC HEMATOLOGY/MEDICAL ONCOLOGY		Proctoring Requested
										CAPP-PED-9	Provide care, treatment, and services consistent with hematology/oncology practice, including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling for patients within the age group of patients seen by the sponsoring 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; direct care as specified by medical staff approved protocols; initiate referral to appropriate physician; make daily rounds on hospitalized patients with or at the direction of the supervising physician; obtain and record medical/social history and perform physical examinations; order diagnostic testing and therapeutic modalities; record progress notes; write discharge summaries.

REFERENCE ONLY

Print Name _____

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	PEDIATRIC HEMATOLOGY/MEDICAL ONCOLOGY SPECIAL PROCEDURES					
										<i>Must apply for and maintain Pediatric Hematology/Medical Oncology Core Privileges</i>					
										PROXIMATE SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location	Proctoring Requested
										CAPP-PED-9(a)	Bone Marrow Aspiration and Biopsy	10			
										CAPP-PED-9(e)	Administration of intrathecal chemotherapeutic agents	10			
										GENERAL SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location	Proctoring Requested
										CAPP-PED-9(c)	Thoracentesis	10			
										CAPP-PED-9(d)	Paracentesis	10			
										CAPP-PED-9(g)	Lumbar Puncture	10			

REQUIRED COMPETENCY CRITERIA FOR SPECIAL PRIVILEGES (CAPP-PED-9(a-e and g)):

1. Applicants must present evidence of appropriate training; **AND**
2. Demonstrate current competence and evidence of performance within the past two (2) years of at least the “minimum number required” as indicated above; **OR**
2. Check the applicable privilege “Proctoring Requested” box(s) to indicate to your Medical Staff Services Coordinator that you require proctoring. You must provide documentation of proctoring for at least the “minimum number required” as indicated above.

REAPPOINTMENT CRITERIA FOR CONTINUED SPECIAL PRIVILEGES (CAPP-PED-9(a and e)):

The APP 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. If you are unable to meet the required case volume, indicate so to your Medical Staff Services Coordinator who can assist you with the permission to proctor process.

REAPPOINTMENT CRITERIA FOR CONTINUED SPECIAL PRIVILEGES (CAPP-PED-9(c, d, g)):

The APP 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. If you are unable to meet the required case volume, indicate so to your Medical Staff Services Coordinator who can assist you with the permission to proctor process.

Print Name _____

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	PEDIATRIC HEMATOLOGY/MEDICAL ONCOLOGY SPECIAL PROCEDURES					
										<i>Must apply for and maintain Pediatric Hematology/Medical Oncology Core Privileges</i>					
										PROXIMATE SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location	Proctoring Requested
										CAPP-PED-9(f)	Write oral/subcutaneous/ Intramuscular/ intravenous/ intraperitoneal antineoplastic agents per protocol prescribed by the attending oncologist	30			

REQUIRED COMPETENCY CRITERIA FOR SPECIAL PRIVILEGES (CAPP-PED-9(f)):

1. Applicants with less than one (1) year of experience in the specialty of hematology/medical oncology must check the applicable privilege "Proctoring Requested" box(s) to indicate to your Medical Staff Services Coordinator that you require proctoring. You must provide documentation of proctoring for at least the "minimum number required" as indicated above; **OR**
1. Applicants with greater than one (1) year of experience in the specialty of hematology/medical oncology who cannot provide thirty (30) orders from a prior facility, within the past two (2) years, must check the applicable privilege "Proctoring Requested" box(s) to indicate to your Medical Staff Services Coordinator that you require proctoring. You must provide documentation of proctoring for at least the "minimum number required" as indicated above; **OR**
1. Applicants with greater than one (1) year experience can provide documentation of current competence and evidence of performance within the past two (2) years of at least thirty (30) orders.

NOTE: Orders must be anonymized, completed within the last two years, and must include the name and address or the supervising/collaborating physician.

Print Name _____

CMC	Pineville	University City	Carolinas Rehab	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	SPECIALTY OF PEDIATRIC INFECTIOUS DISEASES		Proctoring Requested
										CAPP-PED-11	Provide care, treatment, and services consistent with Infectious Disease practice, including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling for patients within the age group of patients seen by the sponsoring 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; perform wound debridement and general care for superficial wounds and minor superficial surgical procedures; initiate referral to appropriate physician; make daily rounds on hospitalized patients with or at the direction of the supervising physician; obtain and record medical/social history and perform physical examinations; order diagnostic testing and therapeutic modalities; perform field infiltrations of anesthetic solutions; perform incision and drainage of superficial abscesses; record progress notes; write discharge summaries.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	PEDIATRIC INFECTIOUS DISEASES SPECIAL PROCEDURES					
										<i>Must apply for and maintain Pediatric Infectious Diseases Core Privileges</i>					
										GENERAL SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location	Proctoring Requested
										CAPP-PED-11(a)	Lumbar Puncture	10			

REQUIRED COMPETENCY CRITERIA FOR SPECIAL PRIVILEGES (CAPP-PED-11(a)):

1. Applicants must present evidence of appropriate training; **AND**
2. Demonstrate current competence and evidence of performance within the past two (2) years of at least the "minimum number required" as indicated above; **OR**
2. Check the applicable privilege "Proctoring Requested" box(s) to indicate to your Medical Staff Services Coordinator that you require proctoring. You must provide documentation of proctoring for at least the "minimum number required" as indicated above.

REAPPOINTMENT CRITERIA FOR CONTINUED SPECIAL PRIVILEGES (CAPP-PED-11(a)):

The APP 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. If you are unable to meet the required case volume, indicate so to your Medical Staff Services Coordinator who can assist you with the permission to proctor process.

Print Name _____

CMC	Pineville	University City	Carolinas Rehab	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	SPECIALTY OF NEONATOLOGY Term Newborn Nursery Core Privileges (CAPP-PED-17) are included when the applicant applies for and maintains Neonatology Core Privileges (CAPP-PED-12).	Proctoring Requested
										CAPP-PED-12 Evaluate, diagnose, treat, and provide consultation to newborns presenting with severe and complex life-threatening problems such as respiratory failure, shock, congenital abnormalities, and sepsis, and provide consultation to mothers with high-risk pregnancies. Assess, stabilize, and determine the disposition of patients with emergent conditions. The ADVANCED PRACTICE PROVIDER may not admit patients to the hospital but may initiate/place orders on behalf of the supervising physician.	
<p>The Advanced Practice Provider may, in consultation with the supervising physician, perform the following duties: initiate/place orders on behalf of the supervising physician; assist in management of neonates; assess patient in the Emergency Department prior to sponsoring physician's arrival; obtain and record medical history and perform physical examinations; develop and implement an initial plan for patients in collaboration with the neonatologist; perform diagnostic and therapeutic procedures; performing arterial puncture; performing endotracheal intubation; lumbar puncture; performing exchange transfusions; initiating cardiopulmonary resuscitation; inserting and managing central venous catheters; insertion of chest tubes; thoracentesis; inserting and managing percutaneous arterial catheters; inserting and managing percutaneous venous catheters; inserting and managing umbilical artery catheters; inserting and managing umbilical venous catheters; performing laryngoscopy and suction; performing scalp vein infusion; performing suprapubic bladder aspiration; ventilator management for newborns and infants; ventricular access device (not cardiac) aspirations; record progress notes; write discharge summaries.</p>											

Print Name _____

CMC	Pineville	University City	Carolinas Rehab	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	SPECIALTY OF PEDIATRIC NEPHROLOGY	Proctoring Requested
										CAPP-PED-13 Provide care, treatment, and services consistent with nephrology practice with a focus on care that promotes health, prevents kidney disease, presents and/or manages the complications of acute and chronic disease, and prevents disability for patients within the age group of patients seen by the supervising physician. 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; perform wound debridement and general care for superficial wounds and minor superficial surgical procedures; initiate referral to appropriate physician; make daily rounds on hospitalized patients with or at the direction of the supervising physician; obtain and record medical/social history and perform physical examinations including rectal and genitor-urinary examinations as indicated; order diagnostic testing and therapeutic modalities; perform field infiltrations of anesthetic solutions; perform incision and drainage of superficial abscesses; record progress notes; write discharge summaries.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	PEDIATRIC NEPHROLOGY SPECIAL PROCEDURES <i>Must apply for and maintain Pediatric Nephrology Core Privileges</i>					
										GENERAL SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location	Proctoring Requested
										CAPP-PED-13(a)	Central venous catheterization insertion and removal, nontunneled (all sites)	10			

REQUIRED COMPETENCY CRITERIA FOR SPECIAL PRIVILEGES (CAPP-PED-13(a)):

1. Applicants must present evidence of appropriate training; **AND**
2. Demonstrate current competence and evidence of performance within the past two (2) years of at least the "minimum number required" as indicated above; **OR**
2. Check the applicable privilege "Proctoring Requested" box(s) to indicate to your Medical Staff Services Coordinator that you require proctoring. You must provide documentation of proctoring for at least the "minimum number required" as indicated above.

REAPPOINTMENT CRITERIA FOR CONTINUED SPECIAL PRIVILEGES (CAPP-PED-13(a)):

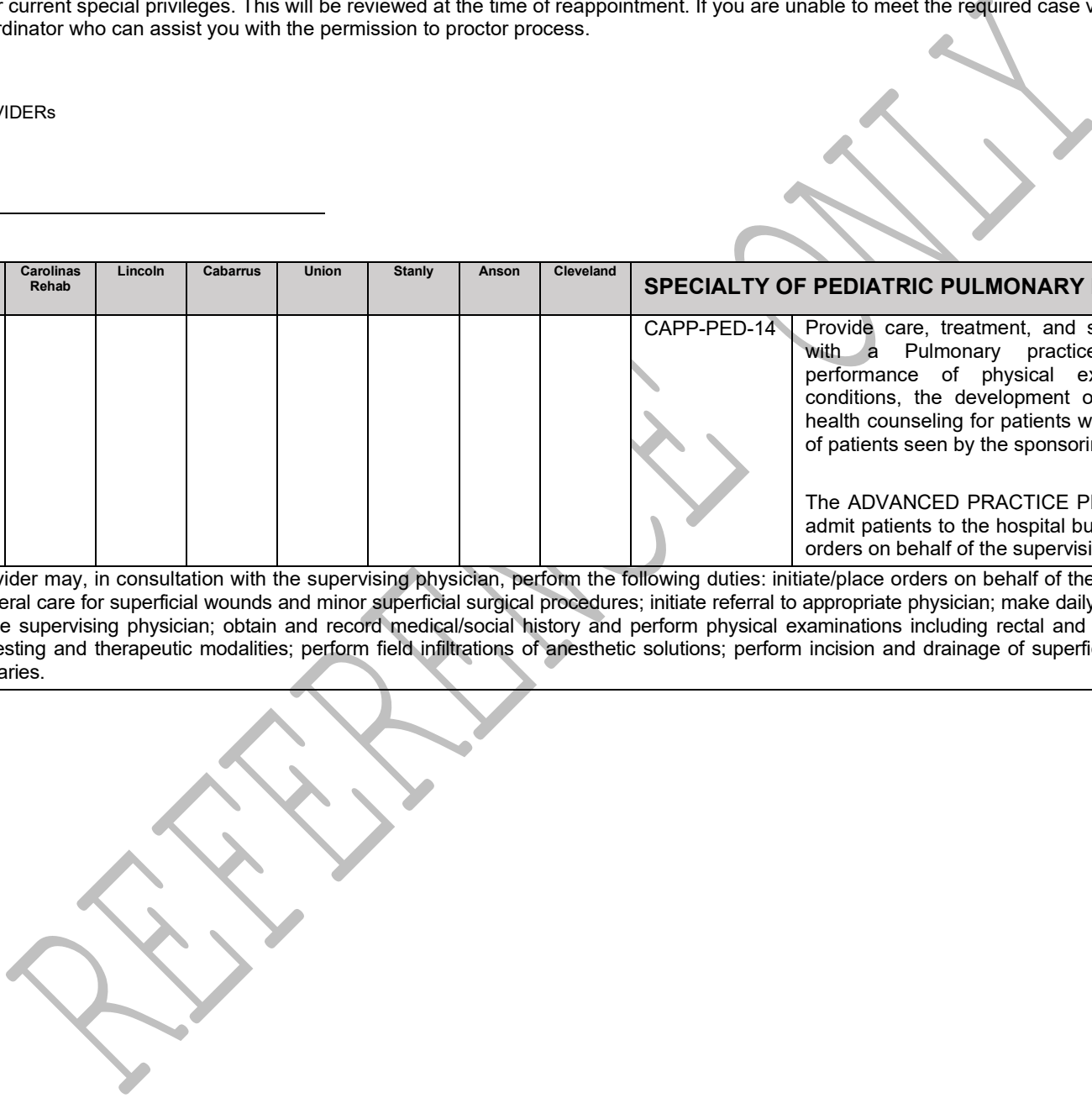
The APP must submit a minimum of two (2) cases, for each special privilege held, over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for current special privileges. This will be reviewed at the time of reappointment. If you are unable to meet the required case volume, indicate so to your Medical Staff Services Coordinator who can assist you with the permission to proctor process.

Atrium Health
 Delineation of Privileges Form
 ADVANCED PRACTICE PROVIDERS
 Specialty of Pediatrics
 Page 22

 Print Name

CMC	Pineville	University City	Carolinas Rehab	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	SPECIALTY OF PEDIATRIC PULMONARY DISEASES	Proctoring Requested
										CAPP-PED-14 Provide care, treatment, and services consistent with a Pulmonary practice, including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling for patients within the age group of patients seen by the sponsoring 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; perform wound debridement and general care for superficial wounds and minor superficial surgical procedures; initiate referral to appropriate physician; make daily rounds on hospitalized patients with or at the direction of the supervising physician; obtain and record medical/social history and perform physical examinations including rectal and genitor-urinary examinations as indicated; order diagnostic testing and therapeutic modalities; perform field infiltrations of anesthetic solutions; perform incision and drainage of superficial abscesses; record progress notes; write discharge summaries.



Print Name _____

CMC	Pineville	University City	Carolinas Rehab	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	SPECIALTY OF PEDIATRIC RHEUMATOLOGY	Proctoring Requested
										<p>CAPP-PED-15 Provide care, treatment, and services consistent with Rheumatology practice, including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling for patients within the age group of patients seen by the sponsoring physician(s).</p> <p>The ADVANCED PRACTICE PROVIDER may not admit patients to the hospital but may initiate/place orders on behalf of the supervising physician.</p>	

The Advanced Practice Provider may, in consultation with the supervising physician, perform the following duties: initiate/place orders on behalf of the supervising physician; initiate referral to appropriate physician; make daily rounds on hospitalized patients with or at the direction of the supervising physician; obtain and record medical/social history and perform physical examinations; order diagnostic testing and therapeutic modalities; record progress notes; write discharge summaries.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	PEDIATRIC RHEUMATOLOGY SPECIAL PROCEDURES					
										<i>Must apply for and maintain Pediatric Rheumatology Core Privileges</i>					
										GENERAL SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location	Proctoring Requested
										CAPP-PED-15(a)	Joint Injections	10			
										CAPP-PED-15(b)	Cortisone and Hyaluronic Acid Injections	10			
										CAPP-PED-15(c)	Trigger Point Injections	10			

REQUIRED COMPETENCY CRITERIA FOR SPECIAL PRIVILEGES (CAPP-PED-15(a-c)):

1. Applicants must present evidence of appropriate training; **AND**
2. Demonstrate current competence and evidence of performance within the past two (2) years of at least the “minimum number required” as indicated above; **OR**
2. Check the applicable privilege “Proctoring Requested” box(s) to indicate to your Medical Staff Services Coordinator that you require proctoring. You must provide documentation of proctoring for at least the “minimum number required” as indicated above.

REAPPOINTMENT CRITERIA FOR CONTINUED SPECIAL PRIVILEGES (CAPP-PED-15(a-c)):

The APP 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. If you are unable to meet the required case volume, indicate so to your Medical Staff Services Coordinator who can assist you with the permission to proctor process.

Print Name _____

CMC	Pineville	University City	Carolinas Rehab	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	OUTPATIENT ONLY – GENERAL PEDIATRICS CORE PRIVILEGES	Proctoring Requested
	N/A	N/A	N/A							For Hospital-Licensed Clinics CAPP-PED-16	General Pediatrics – Outpatient Core Privileges

The Advanced Practice Provider may, in consultation with the supervising physician, perform the following duties: provide care of outpatients in the Department of Pediatrics and the hospital clinics that are on the hospital license, including treatment and services consistent with pediatric practice, including the performance of physical exams, diagnosing conditions, assisting in the development of treatment plans, provide medical services and participate in the teaching activities and health counseling to include pregnancy testing; screen and refer for other health problems including suspected sexual abuse and rape; or physical abuse, emotional abuse, mental health issues including eating disorders and school failure, perform STD screen and follow-up; contraception counseling and management; foreign body removal, ear, incision and drainage of superficial abscess; epidermal and dermal suturing. Advanced Practice Providers may not admit patients to the hospital.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	OUTPATIENT ONLY – GENERAL PEDIATRICS SPECIAL PROCEDURES					
										<i>Must apply for and maintain Outpatient Only - General Pediatrics Core Privileges</i>					
										PROXIMATE SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location	Proctoring Requested
	N/A	N/A	N/A							CAPP-PED-16(b)	Digital Blocks	5			
	N/A	N/A	N/A							CAPP-PED-16(c)	Insertion - Subcutaneous Birth Control Implant	5			
	N/A	N/A	N/A							CAPP-PED-16(d)	Removal - Subcutaneous Birth Control Implant	5			
	N/A	N/A	N/A							CAPP-PED-16(e)	Toenail Removal	5			

Print Name _____

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	OUTPATIENT ONLY – GENERAL PEDIATRICS SPECIAL PROCEDURES					
										<i>Must apply for and maintain Outpatient Only - General Pediatrics Core Privileges</i>					
										PROXIMATE SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location	Proctoring Requested
	N/A	N/A	N/A							CAPP-PED-16(g)	Intrauterine Device (IUD) insertion and removal	5			
	N/A	N/A	N/A							CAPP-PED-16(h)	Long-Acting Subdermal Contraception insertion and removal	5			

REQUIRED COMPETENCY CRITERIA FOR SPECIAL PRIVILEGES (CAPP-PED-16(b-h)):

1. Applicants must present evidence of appropriate training; **AND**
2. Demonstrate current competence and evidence of performance within the past two (2) years of at least the “minimum number required” as indicated above; **OR**
2. Check the applicable privilege “Proctoring Requested” box(s) to indicate to your Medical Staff Services Coordinator that you require proctoring. You must provide documentation of proctoring for at least the “minimum number required” as indicated above.

REAPPOINTMENT CRITERIA FOR CONTINUED SPECIAL PRIVILEGES (CAPP-PED-16(b-e)):

The APP 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. If you are unable to meet the required case volume, indicate so to your Medical Staff Services Coordinator who can assist you with the permission to proctor process.

REAPPOINTMENT CRITERIA FOR CONTINUED SPECIAL PRIVILEGES (CAPP-PED-16(g-h)):

The APP must submit a minimum of four (4) 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. If you are unable to meet the required case volume, indicate so to your Medical Staff Services Coordinator who can assist you with the permission to proctor process.

Print Name _____

CMC	Pineville	University City	Carolinas Rehab	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	TERM NEWBORN NURSERY PRIVILEGES	Proctoring Requested
			N/A							CAPP-PED-17 Provide care, treatment, and services consistent with term newborn practice, including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling for patients within the age group of patients seen by the sponsoring 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, diagnose, and treat neonatal illnesses, including acute conditions, or any other condition that is within the expertise and knowledge of the Advanced Practice Provider; direct care as specified by medical staff approved protocols; initiate referral to appropriate physician; make daily rounds on hospitalized patients with or at the direction of the supervising physician; obtain and record medical/social history and perform physical examinations; order diagnostic testing and therapeutic modalities; perform field infiltrations of anesthetic solutions; perform routine immunizations; perform incision and drainage of superficial abscesses; record progress notes; write discharge summaries.

CMC	Pineville	University City	Carolinas Rehab	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	TELEMEDICINE PRIVILEGES FOR ADVANCED PRACTICE PROVIDERS	Proctoring Requested
										CAPP-PED-10 Telemedicine privileges are defined as privileges for the use of electronic communication or other communication technologies to provide or support clinical care at a distance. Telemedicine privileges shall include consulting, prescribing, rendering a diagnosis or otherwise providing clinical treatment to a patient using telemedicine in accordance with all laws, regulations, hospital guidelines and the Bylaws of the Medical and Dental Staff. The Supervising Physician shall remain responsible for all clinical activity of the ADVANCED PRACTICE PROVIDER. PLEASE NOTE: Telemedicine activities require prior approval from the Facility Medical Executive Committee.	

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

REFERENCE ONLY

CASE LOG

Name: _____

Date: _____

	DATE	MEDICAL RECORD NUMBER	PROCEDURE TYPE	Name of procedure (as listed on DOP, e.g. CAPP-PED-4(a))
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			TOTAL	

REFERENCE ONLY