



**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 PROVIDERS  
PHYSICIAN ASSISTANT OR NURSE PRACTITIONER  
SPECIALTY OF ORAL AND MAXILLOFACIAL SURGERY**

**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.

**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 Surgery 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

**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 the 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.

**ATRIUM HEALTH  
DELINEATION OF PRIVILEGES FORM  
ADVANCED PRACTICE PROVIDER  
SPECIALTY OF ORAL AND MAXILLOFACIAL SURGERY**

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

|  |     |  |     |   |
|--|-----|--|-----|---|
|  | YES |  | NO* | I have participated in direct patient care in the hospital setting within the past two (2) years. |
|--|-----|--|-----|---|

**\*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 Oral and Maxillofacial Surgery 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 services for at least thirty (30) patients, for services directly related to the APP Oto Oral and Maxillofacial Surgery laryngology core privilege requested, during the past two (2) years in an accredited hospital or healthcare facility; **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 Oral and Maxillofacial Surgery 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 qualifications or reappointment criteria.**

| CMC | Pineville | University City | CR  | Lincoln | Cabarrus | Union | Stanly | Anson | Cleveland |            | <b>ORAL AND MAXILLOFACIAL SURGERY CORE PRIVILEGES</b>  | Proctoring Requested |
|-----|-----------|-----------------|-----|---------|----------|-------|--------|-------|-----------|------------|--|----------------------|
|     |           |                 | N/A |         |          |       |        |       |           | CAPP-OSU-1 | Evaluate, diagnose, and provide pre-operative, intra-operative, post-operative care, treatment and services consistent with surgical practice, including the performance of physical exams, diagnosing conditions, the development of treatment plans, and health counseling for patients within the age group seen by the sponsoring physician(s).<br><br>The Advanced Practice Provider may not admit patients to the hospital but may initiate/place orders on behalf of the supervising physician. |                      |

**NOTE:** Oral and Maxillofacial Surgery Core Clinical Privileges include: initiate/place orders on behalf of the supervising physician; assisting surgeon to include, but not limited to, application of appliances; perform wound debridement and general care for superficial wounds and minor superficial surgical procedures; Initiate referral to appropriate physician or other healthcare professional of problems that exceed the Advanced Practice Provider's scope of practice; make daily rounds on hospitalized patients; obtain and record medical/social history and perform physical examinations; order diagnostic testing and therapeutic modalities; control epistaxis, anterior, simple (limited cautery and/or packing); remove intranasal foreign bodies; epidermal and dermal suturing; record progress notes and write discharge summaries.

| CMC | Pineville | University City | CR  | Lincoln | Cabarrus | Union | Stanly | Anson | Cleveland | <b>SPECIAL PROCEDURES</b>            |  |                         |  |          |                      |
|-----|-----------|-----------------|-----|---------|----------|-------|--------|-------|-----------|--------------------------------------|--|-------------------------|--|----------|----------------------|
|     |           |                 |     |         |          |       |        |       |           | <b>PERSONAL SUPERVISION REQUIRED</b> |  | Minimum Number Required | Number Performed Within The Past 2 Years | Location | Proctoring Requested |
|     |           |                 | N/A |         |          |       |        |       |           | CAPP-OSU-1(a)                        | First Assist to Surgeon*                           | 5                       |  |          |                      |
|     |           |                 | N/A |         |          |       |        |       |           | CAPP-OSU-1(b)                        | Deep Suturing – muscle, facia, and within the body | 5                       |  |          |                      |



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

| CMC | Pineville | University City | Carolinas Rehab | Lincoln | Cabarrus | Union | Stanly | Anson | Cleveland |            | <b>TELEMEDICINE ONLY ORAL AND MAXILLOFACIAL SURGERY PRIVILEGES</b>  | <b>Proctoring Requested</b> |
|-----|-----------|-----------------|-----------------|---------|----------|-------|--------|-------|-----------|------------|---|-----------------------------|
|     |           |                 |                 |         |          |       |        |       |           | CAPP-OSU-2 | <p>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 Evaluate, diagnose, and provide pre-operative, post-operative care, treatment and services consistent with surgical practice, including the performance of physical exams, diagnosing conditions, the development of treatment plans, and health counseling for patients within the age group seen by the sponsoring physician(s). 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> |                             |

DEFERRED

**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