

APP PRIVILEGES IN MEDICINE

Name:

Instructions:

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. Uncheck any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.
5. As the Supervising Physician I have reviewed and agree to the Collaborative Practice Agreement by signing this privilege form. The Collaborative Practice Agreement can be found [here](#).

Required Qualifications

Education/Training	Successful completion of a PA, NP or CNS program
Licensure (Initial and Reappointment)	Current Licensure as a PA, RN or CNS in the state of CA Current certification as a NP in the state of California
Certification (Initial and Reappointment)	Current certification as a PA, NP or CNS by a nationally accredited organization
Additional Qualifications (Initial and Reappointment)	Current BLS from the American Heart Association
Renewal Criteria	Maintenance of all the above qualifications.
FPPE	FPPE CRITERIA LISTED BELOW AS INFORMATIONAL. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS.
Definitions	"General Supervision" means the definition specified at 42 CFR 410.32(b)(3)(i), that is, the procedure or service is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure. "Personal Supervision" means the definition specified at 42 CFR 410.32(b)(3)(iii), that is, the physician must be in attendance in the room during the performance of the service or procedure. "Direct Supervision" means that the physician or nonphysician practitioner must be present on the same campus where the services are being furnished. For services furnished in an off-campus provider based department as defined in 42 CFR 413.65, he or she must be present within the off-campus provider based department. The physician or nonphysician practitioner must be immediately available to furnish assistance and direction throughout the performance of the procedure. The physician or nonphysician practitioner does not have to be present in the room when the procedure is performed.

Patient Population

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Physician	Service Chief/Designee
	Patient Population		
	Infant		
	Pediatric		
	Adolescent		
	Adult		
	Geriatric		
	Setting		
	Outpatient		
	Inpatient		

Core Privileges - PHYSICIAN ASSISTANT (PA)

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Physician	Service Chief/Designee
General Supervision			
	Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty		
	Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new and return patients		
	Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient		
	Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products		
	Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services		
	Performs designated procedures after demonstrated competency, according to written standardized procedures where applicable		
	Obtains informed consent, as indicated		
	Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork		
	Provides and coordinates patient teaching and counseling		
	<p>MEDICATIONS Administer, order, furnish or prescribe drugs and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence, professional judgment and policies of SHC. see Standardized Procedure: Administering, Ordering, Furnishing or Prescribing of Drugs; Formulary Protocol [CRITERIA - Must meet core criteria plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V) (DEA exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core)]</p>		
	<p>CONTROLLED MEDICATIONS OUTPATIENT PRESCRIPTION Administer, dispense and prescribe legend drugs in outpatient setting including narcotics and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence and professional judgment [CRITERIA - Must meet core criteria plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V)] (DEA exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core) Proof of completion of a one-time controlled substance education course approved by the California Physician Assistant Board]</p>		

Qualifications

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

FPPE - Area is managed by Medical Staff Office. Please make NO selections

Core - PHYSICIAN ASSISTANT (PA) MEDICINE

Core Privileges - NURSE PRACTITIONER (NP)

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Physician	Service Chief/Designee
General Supervision			
	Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty, according to written standardized procedures		
	Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new and return patients, according to written standardized procedures		
	Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient, according to written standardized procedures		
	Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products		
	Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services		
	Performs designated procedures according to written standardized procedures where applicable		
	Obtains informed consent, as indicated		
	Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork		
	<p>MEDICATIONS Administer, order, furnish or prescribe drugs and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence, professional judgment and policies of SHC. see Standardized Procedure: Administering, Ordering, Furnishing or Prescribing of Drugs; Formulary Protocol [CRITERIA - Must meet core criteria plus: Current individual DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V) and Current Furnishing Licensure in the State of California (DEA and Furnishing Licensure exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core)]</p>		
	<p>CONTROLLED MEDICATIONS OUTPATIENT PRESCRIPTION Administer, dispense and prescribe legend drugs in outpatient setting including narcotics and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence and professional judgment [CRITERIA - Must meet core criteria plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V) and Current Furnishing Licensure in the State of California (DEA exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core)]</p>		

Qualifications

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

FPPE - Area is managed by Medical Staff Office. Please make NO selections

Core - NURSE PRACTITIONER (NP) MEDICINE

Core Privileges - CLINICAL NURSE SPECIALIST (CNS)

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Physician	Service Chief/Designee
General Supervision			
	Evaluates and treats patients with acute, and chronic health complaints as well as health maintenance concerns related to specialty according to written standardized procedures Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new and return patients, according to written standardized processes Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patients, according to written standardized procedures Administers and orders medications Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products		
	Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services		
	Performs designated procedures after demonstrated competency, according to written standardized procedure where applicable		
	Obtains informed consent, as indicated		
	Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork		
	Recognizes and considers the age specific needs of patients		
	Recognizes situations which require the immediate attention of a physician, and initiates lifesaving procedures when necessary		
	Performs discharge summaries		
	MEDICATIONS Administer, order drugs and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence, professional judgment and policies of SHC. see Standardized Procedure: Administering, Ordering, Furnishing or Prescribing of Drugs; Formulary Protocol [CRITERIA - Must meet core criteria]		

Qualifications

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

FPPE - Area is managed by Medical Staff Office. Please make NO selections

Core - CLINICAL NURSE SPECIALIST (CNS) MEDICINE

Standardized Protocols/Standardized Procedures

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

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Physician	Service Chief/Designee
	(requires selection of a core professional role above)		
	General Supervision		
	MEDICATIONS - INDEPENDENT CHEMOTHERAPY ORDERING [CRITERIA - New hire APP's are not eligible for this privilege. In order to apply for this privilege, the APP must complete a minimum of one year of ordering of chemotherapy/biotherapy with co-signature. The one year supervision requirement may be waived by the attending MD if the APP is experienced in chemotherapy/biotherapy. The APP must hold a current ONS/ONCC Chemotherapy/Biotherapy certificate OR ASCO Chemotherapy certificate which must be renewed every 2 years. As of September 1, 2023 ONS certificate will not be accepted and ONLY ASCO Chemotherapy certificate will be accepted. For APPs providing services primarily at Stanford Children's Health, the Association of Pediatric Hematology/Oncology Nurses (APHON) certification equivalence will be accepted. Minimum 10 cases required during past two years.]		
	ADMINISTRATION OF MODERATE SEDATION [CRITERIA - In accordance with SHC Moderate Sedation policy and completion of the SHC sedation exam every two years. Renewal Criteria - Minimum 6 cases required during the past two years]		
	Personal Supervision		
	FIRST ASSISTANT [CRITERIA - Initial - Successful completion of an accredited RNFA course -OR- Concurrent enrollment in an accredited RNFA course with the attending surgeon as primary preceptor with completion of clinical practicum within 12 months of didactic course completion -OR- Completion of a First Assistant course with clinical practicum completion as evidenced by a certificate of completion -OR- Evidence from another hospital or organization where privileges were granted to assist in the OR -OR - Board Certification as a Physician Assistant. Renewal - Minimum 20 cases required during the past 2 years.]		

FPPE - Area is managed by Medical Staff Office. Please make NO selections

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

Division

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Physician	Service Chief/Designee
(Select division which corresponds to your Supervising Physician)			
	BLOOD & MARROW TRANSPLANT (BMT) - ONS or ASCO Chemotherapy certification required within one year of hire. The ONS or ASCO chemotherapy certification must be renewed every 2 years. As of September 1, 2023 ONS certificate will not be accepted and ONLY ASCO Chemotherapy certificate will be accepted. Requires current ACLS from the American Heart Association		
	HEMATOLOGY - ONS or ASCO Chemotherapy certification required within one year of hire. The ONS or ASCO chemotherapy certification must be renewed every 2 years. As of September 1, 2023 ONS certificate will not be accepted and ONLY ASCO Chemotherapy certificate will be accepted.		
	ONCOLOGY - ONS or ASCO Chemotherapy certification required within one year of hire. The ONS or ASCO chemotherapy certification must be renewed every 2 years. As of September 1, 2023 ONS certificate will not be accepted and ONLY ASCO Chemotherapy certificate will be accepted.		
	CARDIOVASCULAR MEDICINE		
	ENDOCRINOLOGY		
	GASTROENTEROLOGY		
	HOSPITAL MEDICINE		
	PRIMARY CARE & POPULATION HEALTH		
	INFECTIOUS DISEASE		
	NEPHROLOGY		
	PULMONARY & CRITICAL CARE Current ACLS from the American Heart Association [CRITICAL CARE ONLY]		
	RHEUMATOLOGY		
	CARE OF SOLID ORGAN TRANSPLANT PATIENTS INCLUDES HEART AND LUNG SURGICAL TRANSPLANT - Renewal criteria: Manager attestation to be collected to validate that the APP completed Transplant education requirements		
	VADEN		

Standardized Protocols/Standardized Procedures

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Physician	Service Chief/Designee
	(requires selection of a core professional role above)		
	General Supervision		
	Anoscopy [CRITERIA - Minimum 10 cases required]		
	Arterial Line Insertion [CRITERIA - Minimum 6 cases required]		
	Aspiration Of Superficial Fluid Collection [CRITERIA - Minimum 6 cases required]		
	Bone Marrow Biopsy & Aspiration [CRITERIA - Minimum 6 cases required]		
	Bone Marrow Biopsy & Aspiration Using OnCore Bone Marrow Drill [CRITERIA -Minimum 24 cases required]		
	Bursa Aspiration & Injection: Elbow [CRITERIA - Renewal - Minimum 6 cases required during the past 2 years.]		
	Bursa Aspiration & Injection: Hip [CRITERIA - Renewal - Minimum 6 cases required during the past 2 years.]		
	Bursa Aspiration & Injection: Knee [CRITERIA - Renewal - Minimum 6 cases required during the past 2 years.]		
	Bursa Aspiration & Injection: Shoulder [CRITERIA - Renewal - Minimum 6 cases required during the past 2 years.]		
	Cardiac Implanted Electronic Device (CIED) Evaluation And Management [Initial CRITERIA - Successful completion of specialized training in device evaluation and programming with a member of the arrhythmia team that is Heart Rhythm Society Certified Cardiac Device Specialist. -AND- Three months of weekly clinic sessions which will include didactic teaching session and supervised hands on sessions. RENEWAL CRITERIA - Minimum 50 cases required during the past 2 years]		
	Central Venous Catheter (CVC): Insertion Internal/External Jugular [CRITERIA - Must complete "Getting to Zero" educational module; Minimum 10 cases required. Case log required - Initial only.]		
	Central Venous Catheter (CVC): Insertion Subclavian [CRITERIA - Must complete "Getting to Zero" educational module; Minimum 10 cases required. Case log required - Initial only.]		
	Central Venous Catheter (CVC): Insertion Femoral [CRITERIA - Must complete "Getting to Zero" educational module; Minimum 6 cases required. Case log required - Initial only.]		
	Central Venous Catheter (CVC): Removal Of Tunneled [CRITERIA - Minimum 6 cases required]		
	Cervical Polypectomy [CRITERIA - Minimum 6 cases required]		
	Chest Tube Placement [CRITERIA - Minimum 6 cases required]		
	Chest Tube Removal [CRITERIA - Minimum 6 cases required]		
	Colposcopy [CRITERIA - Current certification via the ASCCP or by a certifying agency following the principles of ASCCP or the American College of Obstetrics and Gynecology. Renewal -Minimum 20 cases required]		
	Contraceptive Implant Insertion And Removal [CRITERIA - Minimum 6 cases required]		
	Cryosurgery [CRITERIA - Minimum 6 cases required]		

	Direct Current Cardioversion (DCCV) [CRITERIA - Current ACLS from the American Heart Association. Renewal Criteria - Minimum 10 cases required]		
	Excision Of Toenail [CRITERIA - Minimum 6 cases required]		
	Flexible Rhinolaryngopharyngoscopy [CRITERIA - Minimum 48 Insertion/Exam cases; Minimum 48 Recording/Exam cases]		
	Implantable Loop Recorder Implant [Initial CRITERIA - Perform at least 5 procedures in the past 2 years under the Direct supervision of a physician or provider privileged to perform the procedure. Renewal Criteria - Perform at least 10 procedures every 2 years to maintain competency. Continued proficiency will be documented on annual evaluation and as circumstances require.		
	Implantable Loop Recorder Explant [Renewal Criteria - Minimum 10 cases required]		
	Incision & Drainage: Pilonidal Cyst [CRITERIA - Minimum 6 cases required]		
	Incision & Drainage: Subcutaneous Abscess [CRITERIA - Minimum 6 cases required]		
	Incision & Drainage: Thrombosed External Hemorrhoids [CRITERIA - Minimum 6 cases required]		
	Indwelling Pleural Catheter Placement with Ultrasound Guidance [CRITERIA - Minimum 20 cases required]		
	Indwelling Pleural Catheter Removal [CRITERIA - Minimum 10 cases required]		
	Interventional Cardiology Catheterization [CRITERIA - Minimum 20 cases required]		
	Intra-Articular Aspiration & Injection Without Ultrasound: Knee [CRITERIA - Renewal - Minimum 6 cases required during the past 2 years.]		
	Intra-Articular Aspiration & Injection Without Ultrasound: Shoulder [CRITERIA - Renewal - Minimum 6 cases required during the past 2 years.]		
	Intra-Articular Aspiration & Injection With Ultrasound: Knee [CRITERIA - Renewal - Minimum 10 cases required during the past 2 years.]		
	Intra-Articular Aspiration & Injection With Ultrasound: Shoulder [CRITERIA - Renewal - Minimum 10 cases required during the past 2 years.]		
	Intralesion Steroid Injections [CRITERIA - Minimum 6 cases required]		
	Intrapleural Lytic administration [CRITERIA - Minimum 6 cases required]		
	Intrauterine Device (IUD) Removal [CRITERIA - Minimum 6 cases required]		
	Intrauterine Device (IUD) Placement [CRITERIA - Minimum 6 cases required]		
	Lumbar Puncture: [CRITERIA - Minimum 6 cases required]		
	Lumbar Puncture For Intrathecal Chemotherapy Administration [CRITERIA - Minimum 6 cases required]		
	Management And Care Of Mechanical Left Ventricular And Right Ventricular Assist Devices [CRITERIA - Completion of SHC VAD HealthStream module - Minimum 10 cases required]		
	Neurotoxin Injection [CRITERIA - Minimum 10 cases required]		
	Ommaya Reservoir Access [CRITERIA - Minimum 4 cases required]		
	Pacer Wire Removal [CRITERIA - Minimum 6 cases required]		
	Paracentesis With Ultrasound Guidance [CRITERIA - Minimum 10 cases required]		
	Pleural Catheter Placement with Ultrasound Guidance [CRITERIA - Minimum 20 cases required]		
	Point Of Care Ultrasound Assessment Of Inferior Vena Cava [CRITERIA - Minimum 20 cases required]		

	Point Of Care Ultrasound Assessment Of Pericardial Effusion [CRITERIA - Minimum 20 cases required]		
	Punch Biopsy [CRITERIA - Minimum 6 cases required]		
	Removal Of Benign Skin Lesion [CRITERIA - Minimum 6 cases required]		
	Removal Of Foreign Body [CRITERIA - Minimum 6 cases required]		
	Shave Biopsy [CRITERIA - Minimum 6 cases required]		
	Subungual Hematoma Evacuation [CRITERIA - Minimum 6 cases required]		
	Thoracentesis [CRITERIA - Minimum 10 cases required]		
	Trigger Point Injection [CRITERIA - Minimum 6 cases required]		
	Tube And Drain Exchange Removal Without Fluoroscopy [CRITERIA - Minimum 6 cases required]		
	Wound Closure (Simple) [CRITERIA - Minimum 6 cases required]		
	Wound Closure & Minor Debridement Of Wounds [CRITERIA - Minimum 6 cases required]		

Qualifications

Initial Criteria Must Also Meet the Core Criteria for Standardized Protocols/Standardized Procedures

Renewal Criteria Criteria noted above for each privilege

FPPE - Area is managed by Medical Staff Office. Please make NO selections

- Anoscopy - (Chart Review)
- Anoscopy - (Direct Observation)
- Arterial Line Insertion - (Chart Review)
- Arterial Line Insertion - (Direct Observation)
- Aspiration Of Superficial Fluid Collection - (Chart Review)
- Aspiration Of Superficial Fluid Collection - (Direct Observation)
- Bone Marrow Biopsy & Aspiration - (Chart Review)
- Bone Marrow Biopsy & Aspiration - (Direct Observation)
- Bone Marrow Biopsy & Aspiration Using OnCore Bone Marrow Drill - (Chart Review)
- Bone Marrow Biopsy & Aspiration Using OnCore Bone Marrow Drill - (Direct Observation)
- Bursa Aspiration & Injection Elbow - (Chart Review)
- Bursa Aspiration & Injection Elbow - (Direct Observation)
- Bursa Aspiration & Injection Hip - (Chart Review)
- Bursa Aspiration & Injection Hip - (Direct Observation)
- Bursa Aspiration & Injection Knee - (Chart Review)
- Bursa Aspiration & Injection Knee - (Direct Observation)
- Bursa Aspiration & Injection Shoulder - (Chart Review)
- Bursa Aspiration & Injection Shoulder - (Direct Observation)
- Cardiac Implanted Electronic Device (CIED) Evaluation And Management
- Cardiac Implanted Electronic Device (CIED) Evaluation And Management
- CVC Internal/External Jugular - (Chart Review)
- CVC Internal/External Jugular - (Direct Observation)
- CVC Subclavian - (Chart Review)
- CVC Subclavian - (Direct Observation)
- CVC Femoral - (Chart Review)
- CVC Femoral - (Direct Observation)
- CVC Removal Of Tunneled - (Chart Review)
- CVC Removal Of Tunneled - (Direct Observation)
- Cervical Polypectomy - (Chart Review)
- Cervical Polypectomy - (Direct Observation)

Chest Tube Removal - (Chart Review)
Chest Tube Removal- (Direct Observation)
Colposcopy - (Chart Review)
Colposcopy - (Direct Observation)
Contraceptive Implant Insertion and Removal - (Chart Review)
Contraceptive Implant Insertion and Removal - (Direct Observation)
Cryosurgery - (Chart Review)
Cryosurgery - (Direct Observation)
Direct Current Cardioversion (DCCV) (Chart Review)
Direct Current Cardioversion (DCCV) (Direct Observation)
Excision of Toenail - (Chart Review)
Excision of Toenail - (Direct Observation)
Flexible Rhinolaryngopharyngoscopy - Insertion/Exam (pertinent anatomy) - (Chart Review)
Flexible Rhinolaryngopharyngoscopy - Insertion/Exam (pertinent anatomy) - (Direct Observation)
Flexible Rhinolaryngopharyngoscopy - Recording/Exam (present issue) - (Chart Review)
Flexible Rhinolaryngopharyngoscopy - Recording/Exam (present issue)- (Direct Observation)
IMPLANTABLE LOOP RECORDER IMPLANT- (Chart Review)
IMPLANTABLE LOOP RECORDER IMPLANT- (Direct Observation)
IMPLANTABLE LOOP RECORDER EXPLANT- (Direct Observation)
IMPLANTABLE LOOP RECORDER EXPLANT- (Chart Review)
I&D Pilonidal Cyst - (Chart Review)
I&D Pilonidal Cyst - (Direct Observation)
I&D Subcutaneous Abscess - (Chart Review)
I&D Subcutaneous Abscess - (Direct Observation)
I&D Thrombosed External Hemorrhoids - (Chart Review)
I&D Thrombosed External Hemorrhoids - (Direct Observation)
Indwelling Pleural Catheter Placement with Ultrasound Guidance - (Chart Review)
Indwelling Pleural Catheter Placement with Ultrasound Guidance - (Direct Observation)
Indwelling Pleural Catheter Removal - (Chart Review)
Indwelling Pleural Catheter Removal - (Direct Observation)
Interventional Cardiology Catheterization (Direct Observation)
Interventional Cardiology Catheterization (Chart Review)
Intra-Articular Aspiration & Injection without Ultrasound: Knee - (Chart Review)
Intra-Articular Aspiration & Injection without Ultrasound: Knee - (Direct Observation)
Intra-Articular Aspiration & Injection without Ultrasound: Shoulder - (Chart Review)
Intra-Articular Aspiration & Injection without Ultrasound: Shoulder - (Direct Observation)
Intra-Articular Aspiration & Injection with Ultrasound: Knee - (Chart Review)
Intra-Articular Aspiration & Injection with Ultrasound: Knee - (Direct Observation)
Intra-Articular Aspiration & Injection with Ultrasound: Shoulder - (Chart Review)
Intra-Articular Aspiration & Injection with Ultrasound: Shoulder - (Direct Observation)
Intralesion Steroid Injections - (Chart Review)
Intralesion Steroid Injections - (Direct Observation)
Intrapleural Lytic administration (Chart Review)
Intrapleural Lytic administration (Direct Observation)
IUD Removal - (Chart Review)
IUD Removal - (Direct Observation)
IUD Placement - (Chart Review)
IUD Placement- (Direct Observation)
Lumbar Puncture - (Chart Review)
Lumbar Puncture - (Direct Observation)
Lumbar Puncture for Intrathecal Chemotherapy Administration - (Chart Review)
Lumbar Puncture for Intrathecal Chemotherapy Administration - (Direct Observation)

Management and care of mechanical left ventricular and right ventricular assist devices - (Chart Review)
Management and care of mechanical left ventricular and right ventricular assist devices - (Direct Observation)
Management and care of mechanical left ventricular and right ventricular assist devices - (SHC VAD training certificate) No extension permitted
Neurotoxin Injection - (Chart Review)
Neurotoxin Injection - (Direct Observation)
Ommaya Reservoir Access - (Chart Review)
Ommaya Reservoir Access - (Direct Observation)
Pacer Wire Removal - (Chart Review)
Pacer Wire Removal - (Direct Observation)
Paracentesis with Ultrasound Guidance- (Chart Review)
Paracentesis with Ultrasound Guidance- (Direct Observation)
Pleural Catheter Placement with Ultrasound Guidance - (Chart Review)
Pleural Catheter Placement with Ultrasound Guidance - (Direct Observation)
Point of Care Ultrasound Assessment of Inferior Vena Cava - (Chart Review)
Point of Care Ultrasound Assessment of Inferior Vena Cava - (Direct Observation)
Point of Care Ultrasound Assessment of Pericardial Effusion - (Chart Review)
Point of Care Ultrasound Assessment of Pericardial Effusion - (Direct Observation)
Punch Biopsy - (Chart Review)
Punch Biopsy - (Direct Observation)
Removal Of Benign Skin Lesion - (Chart Review)
Removal Of Benign Skin Lesion - (Direct Observation)
Removal Of Foreign Body - (Chart Review)
Removal Of Foreign Body - (Direct Observation)
Shave Biopsy - (Chart Review)
Shave Biopsy - (Direct Observation)
Subungual Hematoma Evacuation - (Chart Review)
Subungual Hematoma Evacuation - (Direct Observation)
Thoracentesis - (Chart Review)
Thoracentesis - (Direct Observation)
Trigger Point Injection - (Chart Review)
Trigger Point Injection - (Direct Observation)
Tube and Drain Exchange Removal without Fluoroscopy - (Chart Review)
Tube and Drain Exchange Removal without Fluoroscopy - (Direct Observation)
Wound Closure (Simple) - (Chart Review)
Wound Closure (Simple) - (Direct Observation)
Wound Closure & Minor Debridement Of Wounds - (Chart Review)
Wound Closure & Minor Debridement Of Wounds - (Direct Observation)

Acknowledgment of Applicant

I have requested only those privileges for which, by education, training and experience I am qualified to perform under the supervision of an attending physician, and that I wish to exercise at Stanford Hospital & Clinics.

I attest that I have met all of the required criteria and will meet all competency requirements for each standardized protocol and/or standardized procedure that I have requested.

I also attest that I will adhere to the guidelines of the SHC Job Description appropriate to my professional role as well as all standardized protocols and/or standardized procedures that I have requested.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this privilege request _____ Date _____

Service Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

Service Chief Recommendation - Proctoring Requirements

Supervising Physician - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request _____ Date _____

Service Chief - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request _____ Date _____