

APP PRIVILEGES IN SURGERY

Name:

Instructions:

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

Required Qualifications

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| Education/Training | Successful completion of a PA or NP program |
| Licensure (Initial and Reappointment) | Current licensure as a PA or RN in the state of California Current certification as a NP in the state of California |
| Certification (Initial and Reappointment) | Current Certification as a PA or NP by a nationally accredited organization |
| Additional Requirements (Initial and Reappointment) | Current BLS from the American Heart Association |
| Renewal Criteria | Maintenance of all the above qualifications. |

FPPE FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS.

Definitions

"General Supervision" means the definition specified at 42 CFR 410.32(b)(3)(i), that is, the procedure or service is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure.

"Personal Supervision" means the definition specified at 42 CFR 410.32(b)(3)(iii), that is, the physician must be in attendance in the room during the performance of the service or procedure.

"Direct Supervision" means that the physician or nonphysician practitioner must be present on the same campus where the services are being furnished. For services furnished in an off-campus provider based department as defined in 42 CFR 413.65, he or she must be present within the off-campus provider based department. The physician or nonphysician practitioner must be immediately available to furnish assistance and direction throughout the performance of the procedure. The physician or nonphysician practitioner does not have to be present in the room when the procedure is performed.

Patient Population

| Request | <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 Rec |
|---------|---|--------------------------|-------------------------|
| | 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 Rec |
|----------------------------|--|--------------------------|-------------------------|
| 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) SURGERY

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 Rec |
|----------------------------|---|--------------------------|-------------------------|
| 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) SURGERY

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 Rec |
|---------|---|--------------------------|-------------------------|
| | (requires selection of a core professional role above) | | |
| | General Supervision | | |
| | 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] | | |
| | CORE PRIVILEGES IN TRANSPLANT (INCLUDES HEART, KIDNEY, LUNG, LIVER, SURGICAL TRANSPLANT) - Completion of transplant specific HealthStream module within 1 year of hire. This must be completed on an annual basis. Proof of HealthStream module completion for the past 2 years AND a letter from supervisor validating a minimum of 2 hours of transplant education every 2 years is required for reappointment. | | |
| | 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.] | | |
| | ROBOTIC FIRST ASSIST IN THE OR - SINGLE PORT [CRITERIA - Minimum 12 cases required] | | |
| | Robotics First Assist in the OR Standard (Multi Port) [CRITERIA - Initial - Must meet Core Criteria. Must be approved for FIRST ASSISTANT privilege. Completion of "da Vinci Multi - Port Training Passport Technology Training Pathway: First Assistant" Certificate required - OR - Letter from attending surgeon documenting competency and documentation of a minimum of 24 robotics procedures during the past 2 years. Case log required. Renewal - Minimum 24 procedures required during the past 2 years] | | |

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

- First Assistant - (Chart Review)
- First Assistant - (Direct Observation)
- Administration Of Moderate Sedation - (Chart Review)
- Administration Of Moderate Sedation - (Direct Observation)
- Robotic First Assist in the OR - Single Port (Chart Review)
- Robotic First Assist in the OR - Single Port (Direct Observation)
- Robotics First Assist in the OR Standard (Multi Port) - (Chart Review)
- Robotics First Assist in the OR Standard (Multi Port) - (Direct Observation)

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| Division |
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| Request | <i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i> | Supervising Physician | Service Chief Rec |
|---------|---|--------------------------|-------------------------|
| | (Select division which corresponds to your Supervising Physician) | | |
| | EMERGENCY MEDICINE Current ACLS from the American Heart Association | | |
| | GENERAL SURGERY | | |
| | CARE OF SOLID ORGAN LIVER TRANSPLANT PATIENTS ADULT / PEDIATRIC: Renewal criteria: Manager attestation to be collected to validate that the APP completed Transplant education requirements.)CARE OF SOLID ORGAN LIVER TRANSPLANT PATIENTS ADULT / PEDIATRIC: Renewal criteria: Manager attestation to be collected to validate that the APP completed Transplant education requirements.) | | |
| | PLASTIC & RECONSTRUCTIVE SURGERY | | |
| | SURGICAL ONCOLOGY | | |
| | VASCULAR SURGERY | | |

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 Rec |
|---------|---|--------------------------|-------------------------|
| | (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 (E.G., Lymphoceles) [CRITERIA - Minimum 6 cases required] | | |
| | Central Venous Catheter (CVC): Insertion [CRITERIA - Must complete "Getting to Zero" educational module. Minimum of 6 cases required for each - Internal/External Jugular; Subclavian; Femoral] | | |
| | Central Venous Catheter (CVC): Removal [CRITERIA - Minimum 6 cases required] | | |
| | Central Venous Catheter (CVC): Removal Of Tunneled [CRITERIA - Minimum 6 cases required] | | |
| | Chest Tube: Removal [CRITERIA - Minimum 6 cases required] | | |
| | Chemical Peel [CRITERIA - Minimum 6 cases required] | | |
| | Cryosurgery [CRITERIA - Minimum 6 cases required] | | |
| | Deoxycholic Acid Injection (Kybella Injection) [CRITERIA - Minimum 6 cases required] | | |
| | Endoanal US [CRITERIA - Minimum 20 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] | | |
| | Injection For Tissue Expansion [CRITERIA - Minimum 6 cases required] | | |
| | Injection Of Dermal Fillers [CRITERIA - Minimum 10 cases required] | | |
| | Intralesional Steroid Injection - [CRITERIA - Minimum 6 cases required] | | |
| | Laser Procedures [CRITERIA - Minimum 24 cases required] | | |
| | Lumbar Puncture [CRITERIA - Minimum 6 cases required] | | |
| | Management Of Maxillary/Mandibular Occlusal Status Using Orthodontic Elastics [CRITERIA - Minimum 8 cases required] | | |
| | Microneedling Treatment With And Without PRP Injection [CRITERIA - Minimum 6 cases required] | | |
| | Nipple Tattoo [CRITERIA - Minimum 6 cases required] | | |
| | Neurotoxin Injection [CRITERIA - Minimum 10 cases required] | | |
| | Oral Surgical Splint Removal [CRITERIA - Minimum 8 cases required] | | |
| | Pacer Wire Removal [CRITERIA - Minimum 6 cases required] | | |
| | Paracentesis With Ultrasound Guidance [CRITERIA - Minimum 10 cases required] | | |
| | Permacath: Removal [CRITERIA - Minimum 6 cases required] | | |
| | Pessary Fitting/Placement And Removal [CRITERIA - Minimum 6 cases required] | | |
| | Punch Biopsy [CRITERIA - Minimum 6 cases required] | | |
| | Removal Of Benign Skin Lesion [CRITERIA - Minimum 6 cases required] | | |
| | Rubber Band Ligation Of Internal Hemorrhoids [CRITERIA - Minimum 12 cases required] | | |
| | Sclerotherapy - [CRITERIA - Minimum 10 cases required] | | |

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|--|--|--|--|
| | Shave Biopsy [CRITERIA - Minimum 6 cases required] | | |
| | Spine Clearance: Cervical [CRITERIA - Minimum 6 cases required] | | |
| | Spine Clearance: Thoracic-Lumbar [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 Fluroscopy - [CRITERIA - Minimum 6 cases required] | | |
| | Wound Closure (Simple) [CRITERIA - Minimum 6 cases required] | | |
| | Wound Closure & Minor Debridement Of Wounds [CRITERIA - Minimum 6 cases required] | | |
| | Wound Debridement [CRITERIA - Minimum 6 cases required] | | |

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)
- CVC Insertion - (Chart Review)
- CVC Insertion - (Direct Observation)
- CVC Removal - (Chart Review)
- CVC Removal - (Direct Observation)
- Removal Of Tunneled - (Chart Review)
- Removal Of Tunneled - (Direct Observation)
- Chest Tube: Removal - (Chart Review)
- Chest Tube: Removal - (Direct Observation)
- Chemical Peel - (Chart Review)
- Chemical Peel - (Direct Observation)
- Cryosurgery- (Direct Observation)
- Cryosurgery - (Chart Review)
- Deoxycholic Acid Injection (Kybella Injection) - (Chart Review)
- Deoxycholic Acid Injection (Kybella Injection) - (Direct Observation)
- Endoanal US - (Chart Review)
- Endoanal US - (Direct Observation)
- Incision & Drainage: Pilonidal Cyst - (Chart Review)
- Incision & Drainage: Pilonidal Cyst - (Direct Observation)
- Incision & Drainage: Subcutaneous Abscess - (Chart Review)
- Incision & Drainage: Subcutaneous Abscess - (Direct Observation)
- Incision & Drainage: Thrombosed External Hemorrhoids - (Chart Review)
- Incision & Drainage: Thrombosed External Hemorrhoids - (Direct Observation)
- Injection For Tissue Expansion - (Chart Review)
- Injection For Tissue Expansion - (Direct Observation)
- Injection of Dermal Fillers - (Chart Review)
- Injection of Dermal Fillers - (Direct Observation)
- Intralesional Steroid Injection - (Chart Review)
- Intralesional Steroid Injection - (Direct Observation)
- Laser Procedures - (Chart Review)
- Laser Procedures - (Direct Observation)
- Lumbar Puncture - (Chart Review)
- Lumbar Puncture - (Direct Observation)
- Management of Maxillary/Mandibular occlusal status using orthodontic elastics - (Chart Review)

Management of Maxillary/Mandibular occlusal status using orthodontic elastics - (Direct Observation)
Microneedling Treatment With And Without Prp Injection - (Chart Review)
Microneedling Treatment With And Without Prp Injection - (Direct Observation)
Nipple Tattoo - (Chart Review)
Nipple Tattoo - (Direct Observation)
Neurotoxin Injection - (Chart Review)
Neurotoxin Injection - (Direct Observation)
Oral Surgical Splint Removal - (Chart Review)
Oral Surgical Splint Removal - (Direct Observation)
Pacer Wire Removal - (Chart Review)
Pacer Wire Removal - (Direct Observation)
Paracentesis with Ultrasound Guidance - (Chart Review)
Paracentesis with Ultrasound Guidance - (Direct Observation)
Permacath: Removal - (Chart Review)
Permacath: Removal - (Direct Observation)
Pessary Fitting/Placement and Removal - (2 Chart Review)
Pessary Fitting/Placement and Removal - (1 Direct Observation)
Punch Biopsy - (Chart Review)
Punch Biopsy - (Direct Observation)
Removal of Benign Skin Lesion - (Chart Review)
Removal of Benign Skin Lesion - (Direct Observation)
Rubber Band Ligation of Internal Hemorrhoids - (Direct Observation)
Rubber Band Ligation of Internal Hemorrhoids- (Chart Review)
Sclerotherapy - (Direct Observation)
Sclerotherapy - (Chart Review)
Shave Biopsy - (Chart Review)
Shave Biopsy - (Direct Observation)
Spine Clearance: Cervical - (Chart Review)
Spine Clearance: Cervical - (Direct Observation)
Spine Clearance: Thoracic-Lumbar - (Chart Review)
Spine Clearance: Thoracic-Lumbar - (Direct Observation)
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)
Wound Debridement - (Chart Review)
Wound Debridement - (Direct Observation)

Acknowledgment of Applicant

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

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

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

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

_____ Date

Service Chief Recommendation - Privileges

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

| Privilege | Condition/Modification/Deletion/Explanation |
|-----------|---|
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Service Chief Recommendation - Proctoring Requirements

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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