APP Medicine - Stanford - Tri - Valley<br>Delineation of Privileges

## Applicant's 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 | Current Licensure as a PA, RN or CNS in the state of CA |
| Reappointment) | 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. 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 non-physician 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 non-physician practitioner must be immediately available to furnish assistance and direction throughout the performance of the procedure. The physician or non-physician practitioner does not have to be present in the room when the procedure is performed.

## Patient Population

|  | uest | Request all privileges listed below. |
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| $\begin{aligned} & \hline \mathbf{O} \\ & \stackrel{\square}{\circ} \end{aligned}$ | 橘 | Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request. |
| $\square$ | $\square$ | - Currently granted privileges |
|  |  | Patient Population |
|  |  | Infant |
|  |  | Pediatric |
|  |  | Adolescent |
|  |  | Adult |
|  |  | Geriatric |
|  |  | Setting |
|  |  | Outpatient |
|  |  | Inpatient |

## Core Privileges - PHYSICIAN ASSISTANT (PA)



|  | MEDICATIONS Administer, order, furnish or prescribe drugs and provide treatment within the APP's <br> scope of practice, and consistent with the APP's skill, training, competence, professional judgment and <br> policies of SHC. see Standardized Procedure: Administering, Ordering, Furnishing or Prescribing of <br> Drugs; Formulary Protocol [CRIERIA - Must meet core criteria plus: Current individual CA DEA in State <br> of California - Full Schedule (II, IIN, III, IIIN, IV, V) (DEA exception for applicant APP Fellows who are <br> allowed up to a 3-month grace period before requesting MEDICATION privileges in core)] |
| :--- | :--- |
|  | CONTROLLED MEDICATIONS OUTPATIENT PRESCRIPTION Administer, dispense and prescribe <br> legend drugs in outpatient setting including narcotics and provide treatment within the APP's scope of <br> practice, and consistent with the APP's skill, training, competence and professional judgment [CRITERIA <br> - Must meet core criteria plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, <br> IIIN, IV, V)] (DEA exception for applicant APP Fellows who are allowed up to a 3-month grace period <br> before requesting MEDICATION privileges in core) Proof of completion of a one-time controlled <br> substance education course approved by the California Physician Assistant Board] |

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

FPPE Requirements

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|  |  | Core - PHYSICIAN ASSISTANT (PA) 3 case |

## Core Privileges - NURSE PRACTITIONER (NP)




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 |  |  |
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|  |  | Core - NURSE PRACTITIONER (NP) 3 cases |

Core Privileges - CLINICAL NURSE SPECIALIST (CNS)

| Request |  | Request all privileges listed below. |
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| $\square \square$ |  | - Currently granted privileges |
|  |  | 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 <br> procedures when necessary |
|  |  | Performs discharge summaries |
| MEDICATIONS Administer, order drugs and provide treatment within the APP's scope of practice, and <br> consistent with the APP's skill, training, competence, professional judgment and policies of SHC. see <br> Standardized Procedure: Administering, Ordering, Furnishing or Prescribing of Drugs; Formulary Protocol <br> [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



## Standardized Protocols/Standardized Procedures



|  | FIRST ASSISTANT [CRITERIA - Initial - Successful completion of an accredited RNFA course -OR- <br> Concurrent enrollment in an accredited RNFA course with the attending surgeon as primary preceptor <br> with completion of clinical practicum within 12 months of didactic course completion -OR Completion of a <br> First Assistant course with clinical practicum completion as evidenced by a certificate of completion -OR- <br> Evidence from another hospital or organization where privileges were granted to assist in the OR -OR - <br> Board Certification as a Physician Assistant. Renewal - Minimum 20 cases required during the past 2 <br> years.] |
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FPPE - Area is managed by Medical Staff Office. Please make NO selections

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|  |  | 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

| Req | uest | Request all privileges listed below. |
| :---: | :---: | :---: |
| $\begin{array}{\|l\|} \hline \text { の } \\ \vdots \end{array}$ | - 군 | Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request. |
| $\square$ | $\square$ | - Currently granted privileges |
|  |  | (Select division which corresponds to your Supervising Physician) |
|  |  | BLOOD \& MARROW TRANSPLANT (BMT) - AAPSHO cancer therapy prescribing course certification required within one year of hire. As of February 1, 2026, the ONS or ASCO certificate will not be accepted and ONLY APSHO cancer prescribing therapy course certification will be accepted. Requires current ACLS from the American Heart Association. |
|  |  | HEMATOLOGY - APSHO Cancer Therapy Prescribing Course certificate required within one year of hire. The APSHO Cancer Therapy Prescribing Course certificate must be renewed every 3 years only if the APP actively prescribes chemotherapy. As of February 1, 2026, the ONS or ASCO certificate will not be accepted and ONLY APSHO certificate will be accepted. |
|  |  | ONCOLOGY - APSHO Cancer Therapy Prescribing Course certificate required within one year of hire. The APSHO Cancer Therapy Prescribing Course certificate must be renewed every 3 years only if the APP actively prescribes chemotherapy. As of February 1, 2026, the ONS or ASCO certificate will not be accepted and ONLY APSHO 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 <br> ONLY] |
| :--- | :--- | :--- |
|  |  | RHEUMATOLOGY |
|  | CARE OF SOLID ORGAN TRANSPLANT PATIENTS INCLUDES HEART AND LUNG SURGICAL <br> TRANSPLANT - Renewal criteria: Manager attestation to be collected to validate that the APP completed <br> Transplant education requirements |  |
|  |  | VADEN |

Qualifications<br>Initial Criteria<br>Must Also Meet the Core Criteria for Standardized Protocols/Standardized Procedures<br>Renewal Criteria Criteria noted above for each privilege

## Standardized Protocols/Standardized Procedures



|  | 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] |
|  |  | Talc Slurry Pleurodesis [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] |


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|  |  | 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) |
|  |  | Autologous Blood Patch Administration through Chest - (Chart Review) |
|  |  | Autologous Blood Patch Administration through Chest - (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 - (Chart Review) |
|  |  | Cardiac Implanted Electronic Device (CIED) Evaluation And Management - (Direct Observation) |
|  |  | CVC Internal/External Jugular - (Chart Review) - (Chart Review) |
|  |  | CVC Interna//External Jugular - (Chart Review) - (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 - (Chart Review) |
|  | Implantable Loop Recorder Explant - (Direct Observation) |
|  | I\&D Pilonidal Cyst - (Chart Review) |
|  | I\&D Pilonidal Cyst - (Direct Observation) |
|  | I\&D Subcutaneous Abscess - SHC Only - (Chart Review) |
|  | \|\&D Subcutaneous Abscess - SHC Only - (Direct Observation) |
|  | I\&D Subcutaneous Abscess - SHC-TV Only - (Chart Review) |
|  | 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 - (Chart Review) |
|  | Interventional Cardiology Catheterization - (Direct Observation) |
|  | 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) |


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|  | Point of Care Ultrasound Assessment of Inferior Vena Cava - (Chart Review) |
|  |  | Point of Care Ultrasound Assessment of Inferior Vena Cava - (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 Date privilege request

## 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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Department Chair Recommendation - FPPE Requirements

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

## Submit

