Name:
Effective Dates: _________ To: __________

☐ Initial privileges (initial appointment)
☐ Renewal of privileges (reappointment)
☐ Expansion of privileges (modification)

INSTRUCTIONS
All new applicants must meet the following requirements as approved by the UNM SRMC Board of Directors effective: 04/22/2015

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications, and for resolving any doubts related to qualifications for requested privileges.

Clinical Service Chief: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other requirements:
Note that privileges granted may be exercised only at UNM SRMC and in setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
To be eligible to apply for clinical privileges as a nurse practitioner, the applicant must meet the following criteria:

The applicant must demonstrate competence and an adequate level of current experience that documents the ability to provide services at an acceptable level of quality and efficiency, and have completed a formal program designed for the education and preparation of NP/LIP as providers of primary care, acute care, chronic care, or end of life health care. The applicant will collaborate with a physician or physicians currently appointed to the active or consulting medical staff with a scope of practice in the same area of specialty practice as the NP/LIP. According to this agreement, the physician will provide collaboration with the NP/LIP practice as stated in the hospital or medical staff policy governing Advance Practice Nurses (APN), be available, or provide an alternate to provide consultation when requested, and assume responsibility for the care of any patient when requested by the NP/LIP or in the interest of patient care. The NP/LIP will maintain Basic Life Support (BLS) certification and area specific advance life support certification as indicated; i.e. Advanced Cardiac Life Support (ACLS), Neonatal Resuscitation Program (NRP), or Pediatric Advanced Life Support (PALS). In addition, the applicant must meet the following criteria:

Hold an active current Registered Nurse License in the State of New Mexico
AND
Hold an active current Nurse Practitioner license in the State of New Mexico
AND
Have and maintain a current Federal DEA license
AND
Have and maintain a Controlled Substance License issued by the New Mexico Board of Pharmacy
AND
Provide evidence of successful accomplishment of national certification as a Nurse Practitioner by the American Nurses Association or an equivalent body

For applicants initially licensed by any nursing board before January 1, 2001:
Applicants who do not hold a master’s level or higher degree from Nurse Practitioner program and whose initial licensure by any board was before January 1, 2001 must
provide verification of Nurse Practitioner licensure

For applicants initially licensed by any nursing board after January 1, 2001:
Applicants are required to have a Master’s degree or post-master’s degree in an accredited nursing program within the Nurse practitioner’s specialty area or certificate program within the NP/LIP specialty that included 500 hours of supervised clinical practicum

Required previous experience: Applicants for initial appointment must be able to demonstrate provision of care, treatment, or services reflective of the scope of privileges requested to patients in the past 12 months.

Reappointment requirements: To be eligible to renew core privileges as a NP/LIP in critical care, the applicant must meet the following maintenance of privilege criteria: Current demonstrated competence and an adequate volume of with acceptable results reflective of the scope of privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

MEDICAL RECORD CHARTING RESPONSIBILITIES

Clearly, legibly, completely, and in timely fashion, describe each service the NP/LIP provides to patients and relevant observations. Standard rules regarding authentication of, necessary content of, and required periods for preparing and completing the medical record and portions thereof are applicable to all entries made. A collaborating physician countersigns discharge summaries within 24 hours.

GENERAL RELATIONSHIP TO OTHERS

Nurse Practitioners have authority to direct any hospital personnel in the provision of clinical services to patients to the extent that such direction is necessary in order to carry out the services required by the patient and which the NP is authorized to provide.
All medical staff members restrict patient care activities to those areas where they maintain competence and only carry out the scope of practice appropriate to their job assignments. In the care of patients of all ages, Nurse Practitioners and Licensed Independent Practitioners evaluate and diagnose, perform history and physical examinations, order diagnostic tests, manage treatment, and manage consultative services. Care delivery may be to inpatients or outpatients at hospital affiliated clinics depending on the job assignment. NP/LIP may assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative care. They may order diagnostic testing including but not limited to preventative, laboratory, diagnostic imaging, medications, treatments, and other therapeutic modalities. NP/LIP Practitioners may monitor and manage acute and chronic illnesses of population served, perform primary health care maintenance, perform preoperative and postoperative evaluations and teaching visits with patients. They manage routine health problems during pregnancy and the postpartum period, facilitate and coordinate family and patient care conferences and discharge planning, provide patient and family education, and counsel and instruct patients and significant others as appropriate regarding medications, disease, and preventive healthcare.

☐ Requested

The Licensed Independent Practitioner Providers (LIP) will practice within their scope of training and is requesting Privileges to admit.

☐ Requested
The supervising and/or alternate supervising physician provides general supervision of the activities and services of the Nurse Practitioner. The privileges of the NP practice correspond to the supervising physician’s practice. The NP is not allowed to perform any procedures that are not within the clinical privileges of the supervising and/or alternate supervising physician and for which the NP is not specifically granted. The supervising and/or alternate supervising physician must be available by electronic communication or on hospital systems premises for consultation/direction of the Nurse Practitioner.

☐ Requested

**Limited Ultrasound for Guided Procedure**
- ☐ Check here to request Limited Ultrasound Guided Procedure privileges form (Separate form)
The NP/LIP may assume specific functions or perform specific procedures that are beyond the advanced education preparation and certification for the NP/LIP. The NP/LIP and collaborating physician are responsible for the NP obtaining the appropriate knowledge, skills and supervision to ensure he/she can perform the function or procedure safely and competently and recognize and respond to any complications that may arise. The NP/LIP must supply the Medical Staff Office with proof of training with supervision and apply for expansion of practice prior to independently performing a newly acquired advanced skill.

ALL SPECIALIZED PROCEDURES BELOW MUST MEET THE FOLLOWING CRITERIA:

- Criteria: have technical and management skills that qualify the NP/LIP to administer highly specialized care by virtue of training and experience
- Required Previous Experience: demonstrate current competence and evidence of performance of the procedure(s) in the past 12 months
- Maintenance of procedure privilege: Demonstrate current competence and performance of the procedure(s) in the past 24 months

1. Lumbar Puncture
   [☐] Requested

2. Removal of Temporary Transvenous Cardiac Pacing Catheters
   [☐] Requested

3. Insertion of Peripheral Arterial Catheters
   [☐] Requested

4. Insertion of Central Venous Catheters
5. Removal of Epicardial Pacing Wires

☐ Requested

6. Insertion of Pulmonary Artery Catheters

☐ Requested

7. Endotracheal Intubation

☐ Requested

8. Provide Care to Critical Care Patients

☐ Requested

9. Insertion and Removal of Chest Tubes

☐ Requested

10. Joint and Bursa Aspirations

☐ Requested

11. Injections of Joints, Tendons and Bursa

☐ Requested

12. Exercise Stress Testing
13. Interrogation of Pacemaker & Implanted Cardiac Defibrillator

☐ Requested

14. Injections of Triggers & Tender Points

☐ Requested

15. Colposcopy, Cervical Biopsy, Endocervical Curettage, Cryosurgery

☐ Requested

16. Telemedicine

☐ Requested
This list is a sampling of procedures included in the core. It is not intended to be an all-encompassing list, but rather is reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those you do not wish to request, then initial and date.

1. nail trephination and nail removal
2. brace and splint application
3. perform arterial punctures for blood sampling
4. venous punctures for blood sampling
5. intravenous catheterization
6. obtaining cultures
7. local field infiltrations of anesthetic solutions
8. superficial needle aspiration, and needle biopsy
9. superficial foreign body removal
10. removal of impacted cerumen
11. skin tag removal
12. suture
13. general care of superficial wounds
14. application, and management of dressings and bandages
15. wound debridement and irrigation
16. ordering and preforming preliminary interpreting ECGs with final reading by physician
17. ordering and performing preliminary interpretations of x-ray films with final reading by radiologists for collaboration and correlation with clinical findings as needed
18. consult appropriate physicians or other health care professionals regarding problems that exceed the Nurse Practitioner’s scope of practice
19. dependant providers may make daily rounds on hospitalized patients with or at the direction of the collaborating physician and write discharge summaries to be countersigned by the collaborating physician
20. independent providers may admit, make daily rounds, discharge and write discharge summaries on hospitalized patients
Acknowledgment of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at UNM SRMC, and I understand that:

a. In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed ___________________________ Date _____________________

Clinical Service Chief's Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

☐ Recommend all requested privileges.
☐ Recommend privileges with the following conditions/modifications:
☐ Do not recommend the following requested privileges:

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<th>Privilege</th>
<th>Condition/Modification/Explanation</th>
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Notes:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Print Name _____________________________________________________________ Signature _____________________________ Date _____________________

Clinical Service Chief or Designee Signature