

## CLINICAL PRIVILEGES – WOMEN’S HEALTH NURSE PRACTITIONER

**AUTHORITY:** Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

**PRINCIPAL PURPOSE:** To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual’s credentials and performance.

**ROUTINE USE:** Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from the Air Force.

**DISCLOSURE IS VOLUNTARY:** However, failure to provide information may result in the limitation or termination of clinical privileges.

### INSTRUCTIONS

**APPLICANT:** In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect current capability and should not consider any known facility limitations. Sign and date the form. Forward the form to your Clinical Supervisor. *(Make all entries in ink.)*

**CLINICAL SUPERVISOR:** In Part I, using the facility master privileges list, enter Code 1, 2, 3, or 4 in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form. Forward the form to the Credentials Function. *(Make all entries in ink.)*

- CODES:**
1. Fully competent within defined scope of practice. *(Clinical oversight of some allied health providers is required as defined in AFI 44-119.)*
  2. Supervision required. *(Unlicensed/uncertified or lacks current relevant clinical experience.)*
  3. Not approved due to lack of facility support. *(Reference facility master privileges list.)*
  4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

**CHANGES:** Any change to a verified/approved privileges list must be made in accordance with AFI 44-119.

NAME OF APPLICANT *(Last, First, Middle Initial)*

NAME OF MEDICAL FACILITY

### I. LIST OF CLINICAL PRIVILEGES – WOMEN’S HEALTH NURSE PRACTITIONER

Requested	Verified		Requested	Verified	
		<b>A. CORE PRIVILEGES</b>			<b>A. CORE PRIVILEGES (continued)</b>
		1. Take, evaluate, and record health histories			18. Manage common gynecological and obstetrical problems and illnesses
		2. Perform physical examinations required to evaluate health status and acute and/or chronic medical problems			19. Counsel on family planning to include dispensing oral contraceptives and depo-provera, fitting diaphragms, inserting and removing intrauterine devices
		3. Order appropriate laboratory studies, x-rays electrocardiograms, and other special examinations			20. Conduct sexual and marital problems counseling
		4. Collect specimens for pathologic examinations to include Papanicolaou (Pap) smears			21. Conduct unwanted pregnancies counseling
		5. Analyze and interpret data, formulate problem lists, and establish plans for solution of clinical problems			22. Educate appropriate groups in health matters such as pregnancy, childbirth, family planning, care of newborn, child rearing, cancer detection, health maintenance, and use of community resources
		6. Perform initial obstetrical visit			23. Prescribe non-pharmacological therapies and pharmacological agents to include Schedule II-V controlled substances within the scope of specialty nurse practitioner practice
		7. Perform routine prenatal follow-up			
		8. Perform postpartum follow-up			
		9. Conduct orientation classes			24. Perform infertility evaluations
		10. Perform routine yearly asymptomatic gynecological examination			25. Assist in surgery as necessary
		11. Initiate consultation requests to specialists and other health professionals to include physical therapists, occupational therapists, dietitians, etc.			<b>B. PROCEDURES</b>
					1. Endocervical curettage
		12. Initiate temporary profiles not to exceed 30 days, either by assigning or removing duty limitations, except for personnel on flying status			2. Endometrial biopsies
					3. Cervical biopsies
					4. Insertion/removal of intrauterine device (IUD)
		13. Admit and discharge to and from quarters for up to 72 hours with verbal concurrence of supervising physician			5. Fitting diaphragms
					6. Cryosurgery
		14. Diagnose, treat, and manage acute episodic and chronic illnesses, and behavioral/ psychological problems			7. Incision and drainage of Bartholin cysts
					8. Excision/biopsy of vulvar lesions
					9. Colposcopy
		15. Counsel patients in medical problems, use of drugs, expected effects of treatment, diet and other health maintenance matters			10. Norplant insertion/removal
					11. Punch/excisional/shave biopsies
					12. Local infiltration anesthesia
		16. Conduct monthly health maintenance briefings to newly assigned permanent party active duty females.			13. Needle aspiration for culture
					<b>C. OTHER (Specify)</b>
		17. Perform health maintenance for well patients			1.
					2.
					3.

SIGNATURE OF APPLICANT

DATE

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The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

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ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

II. CLINICAL SUPERVISOR'S RECOMMENDATION

RECOMMEND APPROVAL

RECOMMEND APPROVAL WITH MODIFICATION  
*(Specify below)*

RECOMMEND DISAPPROVAL  
*(Specify below)*

SIGNATURE OF CLINICAL SUPERVISOR (Include typed, printed, or stamped signature block)

DATE