# Delineation of Privileges in Family Practice Ambulatory Care
## Primary Care Practitioners (Physicians and Mid-Level Practitioners)

Applicant Name:_____Date:_____

| CATEGORY I CORE PRIVILEGES: Practitioner requesting these privileges must be certified or eligible for certification by the appropriate professional organization. Each member must be able to demonstrate ability and competence in the requested privilege. | | | | | |
|---|---|---|---|---|---|
| By checking the "Requested box to the right, the practitioner is hereby requesting the associated privilege. | Requested | Not Requested | Not Recommended | Provisional | Recommended |
| 1. Outpatient Adult Medical Care: general management, diagnosis, and treatment | | | | | |
| 2. Outpatient Pediatric Medical Care: general management, diagnosis, and treatment | | | | | |
| CATEGORY II PRIVILEGES: Practitioner requesting these privileges must meet the requirements for Category I and have documentation of appropriate training and demonstrate continued proficiency. | | | | | |
| By checking the "Requested box to the right, the practitioner is hereby requesting the associated privilege. | Requested | Not Requested | Not Recommended | Provisional | Recommended |
| 1. Circumcision of newborn | | | | | |
| 2. Colposcopy and biopsy | | | | | |
| 3. Cervix cryosurgery | | | | | |
| 4. EKG interpretation | | | | | |
| 5. Endometrial biopsy | | | | | |
| 6. IUD insertion & removal | | | | | |
| 7. Norplant removal | | | | | |
| 8. Joint aspiration | | | | | |
| 9. Injection of joint, tendon, bursa | | | | | |
| 10. Ingrown Nail Excision/Avulsion | | | | | |
| 11. Laceration repair | | | | | |
| 12. Incision & drainage of abscess | | | | | |
| 13. Biopsy skin and subcutaneous | | | | | |
| 14. Sebaceous cyst treatment or excision | | | | | |
| 15. Venereal warts treatment | | | | | |
| 16. Foreign body removal: ear, nose | | | | | |
| 17. Cryotherapy for wart/skin lesions | | | | | |
| 18.Electrodessication/hyfrecation of skin lesions | | | | | |

* Applicant attests that clinical training provided adequate instruction and experience for requested privileges.
* Any restriction on clinical privileges granted is waived in an emergency situation.
* Clinical privileges expire and must be renewed every two years.

**Signatures of applicant and Chief Medical Officer affirm the ability of applicant to perform the mental and physical tasks necessary for the scope of practice requested.**

Signature of Applicant:_____Date:_____

Signature of Chief Medical Officer:_____Date:_____

Signature & Title of Officer, Board of Directors:_____Date:_____