



## APP CORE 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. To have **Administration of Sedation** privileges you must complete LPCH APP Sedation Privilege form (contact your medical staff coordinator for the form)
6. As the Supervising Physician I have reviewed and agree to the Supervision/Delegation of Services Agreement by signing this privilege form. The Supervision/Delegation of Services Agreement can be found [here](#).

### Required Qualifications

<b>Education/Training</b>	Successful completion of a PA, NP, CNS or CNM program
<b>Licensure (Initial and Reappointment)</b>	Current Licensure as a PA, RN, CNS or CNM in the state of CA
<b>Certification</b>	Current certification as a NP in the state of California Current certification as a PA, NP, CNS or CNM by a nationally accredited organization
<b>Additional Qualifications</b>	Current BLS from the American Heart Association
<b>FPPE</b>	FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS
<b>Definitions</b>	"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.

**Age Requested**

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Physician Rec	Service Chief Rec
	0-2 years		
	2-21 years		
	All Ages		

**Employer**

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Physician Rec	Service Chief Rec
	<b>Employer</b>		
	LPCH		
	SHC		
	SUMC		
	Community		

## Core Privileges

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Physician Rec	Service Chief Rec
	NURSE PRACTITIONER (NP)		
	PHYSICIAN ASSISTANT (PA)		
	CLINICAL NURSE SPECIALIST (CNS)		
	CERTIFIED NURSE MIDWIFE (CNM)		
	<b>Management of Disorders - General Supervision</b>		
	Obtain Full History - Physical, Diagnostic, and Comprehensive evaluation as appropriate to the disease process. This may include but is not limited to ordering of radiographic and/or laboratory studies.		
	Diagnosis - Assessment of the status of the disease process		
	Treatment (may include one or more of the following): Performance of the standardized treatment procedures Ordering of diet, exercise, rehab services and/or durable medical equipment Referral for surgery and/or specialty services as necessary.		
	Education and Counseling - Assesses patient/family for readiness to learn. Provides written and/or verbal instructions at level and in language appropriate for patient/family understanding. Reviews the following topics: 1) Pathophysiology of diagnosis 2) Management plan 3) Medication, device, or equipment instruction 4) Medication side effects 5) Signs and symptoms to be monitored at home 6) Parameters for when patient/family should seek medical assistance.		
	Consultation required with the supervising physician for Acute decompensation or deterioration of patient status, including respiratory distress, change in level of consciousness, or evidence of cardiovascular compromise. Failure of symptoms to improve within a reasonable time frame. Review of specific management guidelines and possible complications related to treatment of disease process less familiar to the advanced practice provider. At the request of the patient, advanced practice provider or supervising physician.		
	Follow-up - Telephone contact or provider visit as indicated.		
	<b>Disease Management - General Supervision</b> (All other applicable standardized procedures in this document are followed during patient care management. All general protocols are followed. )		
	Common acute conditions or chronic stable conditions - A treatment plan is developed based on the standard of care and available resources.		
	Uncommon or unstable conditions - Management of the patient is either in conjunction with a physician or by complete referral to a physician or secondary care treatment facility.		
	Acute life-threatening conditions - Initial evaluation and stabilization of the patient may be performed with concomitant notification of and collaboration by a physician.		
	Intraarticular Corticosteroid Injection		
	Skin Biopsy		

### Qualifications

<b>Renewal Criteria</b>	Maintenance of initial criteria Minimum 4 procedures required during the past 2 years Rheumatology APP: Intraarticular Corticosteroid Injection - Minimum 6 injections over 2 year
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period under General Supervision

FPPE

Core

**Medications**

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Physician Rec	Service Chief Rec
<b>General Supervision</b>			
	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 LPCH. [Criteria - NP - Current Furnishing Licensure in the State of California; PA - Current individual DEA - Full Schedule (II, IIN, III, IIIN, IV, V)]		
	CONTROLLED MEDICATIONS INPATIENT Administer, dispense and order legend drugs including narcotics and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence and professional judgment in the inpatient setting. [Criteria - NP - Current Furnishing Licensure in the State of California; PA - Current individual DEA - Full Schedule (II, IIN, III, IIIN, IV, V)]		
	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 - Current individual DEA - Full Schedule (II, IIN, III, IIIN, IV, V)]		

**FPPE**

- MEDICATIONS
- CONTROLLED MEDICATIONS INPATIENT
- CONTROLLED MEDICATIONS OUTPATIENT PRESCRIPTION

**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 a physician, and that I wish to exercise at Lucile Packard Children's Hospital.

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.

Also attest that I will adhere to the guidelines of the LPCH 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

Service Chief Recommendation - FPPE Requirements

\_\_\_\_\_  
 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 \_\_\_\_\_