



Privileges for Peace Corps Medical Officers-Certified Nurse Practitioner or Physician Assistant

Name: _____

Please Print Your Name and Credential

PRIVILEGES REQUESTED (Please select one or both)

- Core Privileges** – Privileges to provide treatment for conditions that fall within the typical scope of a NP or PA.
- Additional Privileges** – Privileges to provide treatment for conditions that fall outside of the typical scope of a NP or PA.

QUALIFICATIONS FOR PRIVILEGES

To be eligible for core privileges, the NP applicant must meet the following qualifications:

- Successful completion of a master's, post master's or doctoral level nursing degree
- Valid clinical RN licensure
- Valid nurse practitioner licensure and certification
- Applicable knowledge and experience

To be eligible for core privileges, the PA applicant must meet the following qualifications:

- Successful completion of at least two years of pre-med college courses
- Successful completion of a certified physician-assistant program
- Valid clinical PA licensure and certification
- Applicable knowledge and experience

CORE PRIVILEGES

Privileges included in the Core:**

Privileges that fall within the typical scope of a NP or PA practice include:

(** Please strike out non-proficient privileges)

- Patient triage
- Initiate life support when necessary
- Work collaboratively with a clinical advisor re: clinical diagnoses and patient management beyond scope of practice
- Maintain an adult immunization program
- Maintain current, complete clinical records in SOAP format
- Adhere to Peace Corps Medical Technical Guidelines
- Accompany medevacs when indicated
- Provide emotional support and short-term counseling
- Provide health education to Trainees/Volunteers
- Perform administrative functions of the health unit
- Accrue 20 or more hours of continuing education annually
- Perform comprehensive patient history taking and physical exam
- Assess, diagnose, and manage acute and chronic clinical issues
- Wart removal on extremities
- Prescribe pharmacologic agents including controlled substances according to the Medical Technical Guidelines
- Serve as a clinical prescriber for PCMO-RNs
- Peripheral venipuncture for labwork and IV administration of meds
- PPD placement and reading
- Preparation of thick and thin malaria smears
- Pulse oximeter and PEAK flow reading
- EKG tracing and interpretation
- Office diagnostics including commercial testing kits for HIV, urine dips, HCG, etc.
- Basic microscopy including UAs, wet mounts, stool
- Urethral catheterization
- Local infiltration anesthesia
- Simple laceration repair/I & D's
- Punch/Excisional/Shave biopsy
- Needle aspiration for culture
- Toenail removal
- Anoscopy
- Pelvic/Bimanual exam and Pap smear

ADDITIONAL PRIVILEGES REQUESTED

To be eligible for a privilege listed below, the applicant must be able to demonstrate and/or document competence in performing any requested procedure.

Requested	PROCEDURE	ADDITIONAL CREDENTIALING CRITERIA (if applicable)	# of cases performed in past 2 yrs **
<input type="checkbox"/>			

**** On a separate sheet of paper, please describe any major, unexpected complications you have encountered for any of the Core Privileges or Additional Privileges you are requesting.**

ACKNOWLEDGEMENT OF PRACTITIONER:

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise as a Peace Corps Medical Officer and a NP or PA.

I understand that in exercising any clinical privileges granted, I am constrained by Peace Corps Office of Volunteer Support policies and rules applicable generally, and any applicable to the particular situation.

Applicant Signature: _____

Date: _____

Please Sign Your Name

CLINICAL SERVICE RECOMMENDATION:

Core Privileges

- Recommend
- Recommend with the following modification(s) and reason(s): _____

- Denied
- Suspended
- Revoked

Additional Privileges

- Denied
- Recommend
- Recommend with the following modification(s) and reason(s): _____

I have reviewed the requested clinical privileges and supporting documentation for the above named practitioner and recommend action on the privileges as noted above:

 Signature
 Chair, Credentialing Committee

 Date

 Signature
 Medical Director, Office of Volunteer Support

 Date