



Privileges for Peace Corps Medical Officers --Physicians

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 an MD or DO.
- Additional Privileges** – Privileges to provide treatment for conditions that fall outside of the typical scope of a MD or DO.

QUALIFICATIONS FOR PRIVILEGES

To be eligible for core privileges, the MD or DO applicant must meet the following qualifications.

- Doctor of Medicine or Doctor of Osteopathy degree from a school in the United States or Canada approved by a recognized accrediting body in the year of the applicant's graduation; **OR**
- A Doctor of Medicine or equivalent degree from a foreign medical school that provided education and medical knowledge substantially equivalent to accredited schools in the United States, plus Education Commission Foreign Medical Graduate (ECFMG) certification and/or graduation from a school listed in the Foundation for Advancement of International Medical Education and Research (FAIMER)

<http://www.faimer.org/resources/imed.html>

- Validation of foreign medical school accreditation
- Valid clinical MD or DO licensure
- Applicable knowledge and experience

CORE PRIVILEGES

Privileges included in the Core:**

Privileges that fall within the typical scope of a MD or DO practice include:

(**Please strike out any non-proficient privileges)

- Patient triage
- Initiate life support when necessary
- Maintain an adult immunization program
- Maintain current, complete clinical records in SOAP
- 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 exams including pelvic exams/ pap smears
- Assess, diagnose, and manage acute and chronic clinical issues
- Toenail Removal
- Anoscopy
- Prescribe pharmacologic agents including controlled substances according to the Medical Technical Guidelines
- Serve as a clinical prescriber for PCMO-RNs
- Serve as a clinical advisor for PCMO-NPs or PAs
- Peripheral venipuncture for lab work 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
- Wart ablation on extremities

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 PRACTICIONER:

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 MD or DO.

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