Circular Appendix 95-16-C.1 (04/10) Page 1 of 13

# DEPARTMENT OF HEALTH AND HUMAN SERVICES Indian Health Service

FORM APPROVED
OMB Approval No. 09170009
Expiration Date:

## MEDICAL PRIVILEGES REQUEST FORM

#### INTRODUCTION

١.

This Medical Privileges request form must be accompanied or preceded by a completed application for medical staff appointment, including the necessary supporting documents. Many clinical privileges pertinent to the practice of medicine and surgery are listed below. This list contains both outpatient and inpatient items. The request for privileges must reflect both the applicant's and the facility's/staff's ability to carry out or support the various functions. This list is intended primarily for the generalist physician or physician extender performing these functions within the areas listed. Internists, pediatricians, and obstetricians may request additional appropriate privileges commensurate with their expertise within their specialty and the facility's ability to support the requested privileges. They should be presented in an attached list and referenced on this form under "other."

#### INSTRUCTIONS FOR COMPLETING THE FORM

**Applicant:** With a check mark in the appropriate location, indicate for each item your decision to request either *limited* or *full* privileges. *Limited* means that the applicant may function in the area of the stated clinical privileges only under the direct supervision of a provider holding *full* privileges. "Direct supervision" may be fulfilled via telephone consultation, if appropriate. *Full* means that the applicant is entitled to function independently, following standards consistent with the medical community at large. Be sure to sign the request as indicated on page 13.

**Discipline-specific supervisor or consultant:** Indicate your recommendation for each requested clinical privilege by placing a check mark in the appropriate location for either *full*, *limited*, or *not recommended* (N.R.). Please explain any recommended limitations or denial of privileges on an attached sheet. Your recommendations are considered by the governing body when granting or not granting privileges.

OBSTETRICS (See Appendix C.2)  A. Minor		Appli Requ Ltd.	Super Consu Recon N.R.	Full	
Α.					
	1.	Normal prenatal/postpartum care			
	2.	Normal spontaneous labor and vaginal delivery			
	3.	Midline episiotomy and repair			
	4.	Local and pudendal anesthesia			
	5.	Repair of vaginal and cervical laceration			
	6.	Management of mild preeclampsia			
	7.	Amniotomy			
	8.	Management of postpartum hemorrhage			
	9.	Management of postpartum infection			
	10	. Interpretation of external and internal fetal heart ra monitor tracings	te		
	11	. Manual removal of placenta			
	12	. Postpartum uterine exploration and/or curettage			
	13	. Low forceps delivery			
	14	. Curettage for incomplete abortion			
	15	. Other (specify):			
В.	Ma	ajor			
	1.	Multiple pregnancy			

I.	OB	BST	ETRICS (See Appendix C.2)	Applic Reque		Superv Consul Recom N.R.		Full
		2.	Amniocentesis	Ltu.	i uii	IV.IX.	Ltu.	i uii
			Breech delivery					
			Paracervical block					
		5.	Induction/stimulation of labor					
			Cesarean section					
		7.	Mid forceps delivery					
			Management of medical complications in pregnancy, i.e. diabetes, renal disease, severe preeclampsia	,				
		9.	OB ultrasound					
		10.	Other (specify):					
<b>N</b> o	ote: ivile	All ges	clinicians granted minor or major obstetric privileges muin newborn resuscitation and stabilization.	ust als	o be qu	alified for	and gra	nted
II.	GY	'NE	COLOGY (See Appendix C.2)	Applic Reque		Superv Consul Recom N.R.		Full
	A.	Mi	nor					
		1.	I & D of vulvar or perineal abscess					
		2.	Biopsy of perineum, vulva, cervix, vagina					
		3.	Endometrial biopsy					
		4.	Insertion/removal of intrauterine device					
		5.	Dilatation and curettage					
		6.	Culdocentesis					
		7.	Polypectomy					
		8.	Vaginal or uterine packing					
		9.	Other (specify):					
	В.	Ma	ajor					
		1.	Pelvic exam under anesthesia					
		2.	Tubal ligation	Ш				
		3.	Marsupialization of Bartholin's cyst					
		4.	Abdominal hysterectomy					
		5.	Incidental appendectomy					
		6.	Vaginal hysterectomy					
		7.	A & P repair					
		8.	Peritoneoscopy (laparoscopy)					
		9.	Salpingoophorectomy					
		10.	Other (specify):					

III. PEDIATRICS	Applicant Requests	Supervisor/ Consultant Recommends
A. Hepatic and Gastrointestinal Disease	Ltd. Full	N.R. Ltd. Full
1. Hepatitis		
2. Peptic ulcer disease		
3. Diarrheas		
4. Other (specify):		
B. Renal Disease, Hypertension		
Acute or chronic glomerulonephritis		
2. Nephrotic syndrome		
3. Hypertension		
4. Chronic renal failure		
5. Other (specify):		
C. Pulmonary Disease		
1. Uncomplicated asthma		
2. Complicated asthma		
3. Ventilatory management		
4. Pneumonia		
5. Cystic fibrosis		
6. Other (specify):		
D. Cardiac Disease		
1. Nonsurgical congenital heart disease		
2. Rheumatic heart disease		
3. Heart failure, acute and/or chronic		
4. Cardiac arrhythmias		
5. Other (specify):		
E. Metabolic and Endocrine Disease		
1. Fluid and electrolyte problems		
F. Rheumatologic Disease		
1. Lupus erythematosus		
2. Juvenile rheumatoid arthritis		
3. Other (specify):		
G. Infectious Disease		

1. Septic arthritis 2. Osteomyelitis 3. Urinary tract infection 4. Tuberculosis 5. CNS infections 6. Neonatal sepsis 7. Other (specify): H. Hematologic and Oncologic Diseases 1. Anemias 2. Coagulation disorders 3. Thrombocytopenia 4. Cancer chemotherapeutic drug admin 5. Cancer patient management 6. Transfusion 7. Erythroblastosis 8. Exchange transfusion 9. Other (specify): I. Newborn Nursery Care 1. Care of normal infant 2. Care of premature infant 3. Hemolytic disease of newborn 4. Respiratory distress syndrome 5. Neonatal resuscitation/emergency stabilization 6. Other (specify): J. Other, Pediatrics 1. Failure to thrive 2. Adolescent gynecology 3. Well-child care 4. Convulsive disorders 5. Fever of unknown origin 6. Other (specify):  IV. MEDICINE  A. Hepatic and Gastrointestinal Disease 1. Cirrhosis	III. P	EDI	ATRICS	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd.	Full
3. Urinary tract infection 4. Tuberculosis 5. CNS infections 6. Neonatal sepsis 7. Other (specify):		1.	Septic arthritis			
4. Tuberculosis 5. CNS infections 6. Neonatal sepsis 7. Other (specify):		2.	Osteomyelitis			
5. CNS infections 6. Neonatal sepsis 7. Other (specify):  H. Hematologic and Oncologic Diseases 1. Anemias 2. Coagulation disorders 3. Thrombocytopenia 4. Cancer chemotherapeutic drug admin 5. Cancer patient management 6. Transfusion 7. Erythroblastosis 8. Exchange transfusion 9. Other (specify):  I. Newborn Nursery Care 1. Care of normal infant 2. Care of premature infant 3. Hemolytic disease of newborn 4. Respiratory distress syndrome 5. Neonatal resuscitation/emergency stabilization 6. Other (specify):  J. Other, Pediatrics 1. Failure to thrive 2. Adolescent gynecology 3. Well-child care 4. Convulsive disorders 5. Fever of unknown origin 6. Other (specify):  IV. MEDICINE  Applicant Requests Ltd. Full  Applicant Recommends N.R. Ltd. Full		3.	Urinary tract infection			
6. Neonatal sepsis 7. Other (specify):  H. Hematologic and Oncologic Diseases  1. Anemias 2. Coagulation disorders 3. Thrombocytopenia 4. Cancer chemotherapeutic drug admin 5. Cancer patient management 6. Transfusion 7. Erythroblastosis 8. Exchange transfusion 9. Other (specify):  I. Newborn Nursery Care 1. Care of normal infant 2. Care of premature infant 3. Hemolytic disease of newborn 4. Respiratory distress syndrome 5. Neonatal resuscitation/emergency stabilization 6. Other (specify):  J. Other, Pediatrics 1. Failure to thrive 2. Adolescent gynecology 3. Well-child care 4. Convulsive disorders 5. Fever of unknown origin 6. Other (specify):  IV. MEDICINE  Applicant Requests Consultant Requests N.R. Ltd. Full  Applicant Recommends N.R. Ltd. Full		4.	Tuberculosis			
T. Other (specify):		5.	CNS infections			
H. Hematologic and Oncologic Diseases  1. Anemias 2. Coagulation disorders 3. Thrombocytopenia 4. Cancer chemotherapeutic drug admin 5. Cancer patient management 6. Transfusion 7. Erythroblastosis 8. Exchange transfusion 9. Other (specify):  I. Newborn Nursery Care 1. Care of normal infant 2. Care of premature infant 3. Hemolytic disease of newborn 4. Respiratory distress syndrome 5. Neonatal resuscitation/emergency stabilization 6. Other (specify):  J. Other, Pediatrics 1. Failure to thrive 2. Adolescent gynecology 3. Well-child care 4. Convulsive disorders 5. Fever of unknown origin 6. Other (specify):  IV. MEDICINE  Applicant Recommends N.R. Ltd. Full  Applicant Recommends N.R. Ltd. Full		6.	Neonatal sepsis			
1. Anemias 2. Coagulation disorders 3. Thrombocytopenia 4. Cancer chemotherapeutic drug admin 5. Cancer patient management 6. Transfusion 7. Erythroblastosis 8. Exchange transfusion 9. Other (specify):  1. Newborn Nursery Care 1. Care of normal infant 2. Care of premature infant 3. Hemolytic disease of newborn 4. Respiratory distress syndrome 5. Neonatal resuscitation/emergency stabilization 6. Other (specify):  1. Failure to thrive 2. Adolescent gynecology 3. Well-child care 4. Convulsive disorders 5. Fever of unknown origin 6. Other (specify):  IV. MEDICINE  Applicant Requests Ltd. Full  Supervisor/ Consultant Recommends N.R. Ltd. Full  Supervisor/ Consultant Recommends N.R. Ltd. Full						
2. Coagulation disorders 3. Thrombocytopenia 4. Cancer chemotherapeutic drug admin 5. Cancer patient management 6. Transfusion 7. Erythroblastosis 8. Exchange transfusion 9. Other (specify):  1. Newborn Nursery Care 1. Care of normal infant 2. Care of premature infant 3. Hemolytic disease of newborn 4. Respiratory distress syndrome 5. Neonatal resuscitation/emergency stabilization 6. Other (specify):  J. Other, Pediatrics 1. Failure to thrive 2. Adolescent gynecology 3. Well-child care 4. Convulsive disorders 5. Fever of unknown origin 6. Other (specify):  IV. MEDICINE  Applicant Requests Ltd. Full  Supervisor/ Consultant Requests N.R. Ltd. Full  Applicant Recommends N.R. Ltd. Full	Н					
3. Thrombocytopenia 4. Cancer chemotherapeutic drug admin 5. Cancer patient management 6. Transfusion 7. Erythroblastosis 8. Exchange transfusion 9. Other (specify):  1. Newborn Nursery Care 1. Care of normal infant 2. Care of premature infant 3. Hemolytic disease of newborn 4. Respiratory distress syndrome 5. Neonatal resuscitation/emergency stabilization 6. Other (specify):  1. Failure to thrive 2. Adolescent gynecology 3. Well-child care 4. Convulsive disorders 5. Fever of unknown origin 6. Other (specify):  IV. MEDICINE  Applicant Requests Ltd. Full  Applicant Recommends N.R. Ltd. Full		1.	Anemias			
4. Cancer chemotherapeutic drug admin 5. Cancer patient management 6. Transfusion 7. Erythroblastosis 8. Exchange transfusion 9. Other (specify):		2.				Ш
5. Cancer patient management 6. Transfusion 7. Erythroblastosis 8. Exchange transfusion 9. Other (specify):  I. Newborn Nursery Care 1. Care of normal infant 2. Care of premature infant 3. Hemolytic disease of newborn 4. Respiratory distress syndrome 5. Neonatal resuscitation/emergency stabilization 6. Other (specify):  J. Other, Pediatrics 1. Failure to thrive 2. Adolescent gynecology 3. Well-child care 4. Convulsive disorders 5. Fever of unknown origin 6. Other (specify):  IV. MEDICINE  Applicant Requests Ltd. Full  Applicant Recommends N.R. Ltd. Full						Ш
6. Transfusion 7. Erythroblastosis 8. Exchange transfusion 9. Other (specify):  1. Newborn Nursery Care 1. Care of normal infant 2. Care of premature infant 3. Hemolytic disease of newborn 4. Respiratory distress syndrome 5. Neonatal resuscitation/emergency stabilization 6. Other (specify):  1. Failure to thrive 2. Adolescent gynecology 3. Well-child care 4. Convulsive disorders 5. Fever of unknown origin 6. Other (specify):  IV. MEDICINE  Applicant Requests N.R. Ltd. Full  A. Hepatic and Gastrointestinal Disease		4.				Ш
7. Erythroblastosis 8. Exchange transfusion 9. Other (specify):		5.				
8. Exchange transfusion 9. Other (specify):  I. Newborn Nursery Care 1. Care of normal infant 2. Care of premature infant 3. Hemolytic disease of newborn 4. Respiratory distress syndrome 5. Neonatal resuscitation/emergency stabilization 6. Other (specify):  J. Other, Pediatrics 1. Failure to thrive 2. Adolescent gynecology 3. Well-child care 4. Convulsive disorders 5. Fever of unknown origin 6. Other (specify):  IV. MEDICINE  Applicant Requests Ltd. Full  Applicant Recommends N.R. Ltd. Full  A. Hepatic and Gastrointestinal Disease		6.				
9. Other (specify):		7.				Ш
I. Care of normal infant  2. Care of premature infant  3. Hemolytic disease of newborn  4. Respiratory distress syndrome  5. Neonatal resuscitation/emergency stabilization  6. Other (specify):  J. Other, Pediatrics  1. Failure to thrive  2. Adolescent gynecology  3. Well-child care  4. Convulsive disorders  5. Fever of unknown origin  6. Other (specify):  IV. MEDICINE  Applicant Requests Recommends Ltd. Full N.R. Ltd. Full			-			
1. Care of normal infant 2. Care of premature infant 3. Hemolytic disease of newborn 4. Respiratory distress syndrome 5. Neonatal resuscitation/emergency stabilization 6. Other (specify):  J. Other, Pediatrics 1. Failure to thrive 2. Adolescent gynecology 3. Well-child care 4. Convulsive disorders 5. Fever of unknown origin 6. Other (specify):  IV. MEDICINE  Applicant Requests Recommends Ltd. Full N.R. Ltd. Full	_					
2. Care of premature infant 3. Hemolytic disease of newborn 4. Respiratory distress syndrome 5. Neonatal resuscitation/emergency stabilization 6. Other (specify):  J. Other, Pediatrics 1. Failure to thrive 2. Adolescent gynecology 3. Well-child care 4. Convulsive disorders 5. Fever of unknown origin 6. Other (specify):  IV. MEDICINE  Applicant Requests Ltd. Full  Applicant Recommends N.R. Ltd. Full  A. Hepatic and Gastrointestinal Disease	ı.		-			
3. Hemolytic disease of newborn 4. Respiratory distress syndrome 5. Neonatal resuscitation/emergency stabilization 6. Other (specify):						H
4. Respiratory distress syndrome 5. Neonatal resuscitation/emergency stabilization 6. Other (specify):  J. Other, Pediatrics 1. Failure to thrive 2. Adolescent gynecology 3. Well-child care 4. Convulsive disorders 5. Fever of unknown origin 6. Other (specify):  IV. MEDICINE  Applicant Requests Recommends N.R. Ltd. Full  A. Hepatic and Gastrointestinal Disease						$\mathbb{H}$
5. Neonatal resuscitation/emergency stabilization 6. Other (specify):				H		$\mathbb{H}$
6. Other (specify):			, , ,	H		Н
J. Other, Pediatrics  1. Failure to thrive  2. Adolescent gynecology  3. Well-child care  4. Convulsive disorders  5. Fever of unknown origin  6. Other (specify):  IV. MEDICINE  Applicant Requests Ltd. Full  A. Hepatic and Gastrointestinal Disease						$\mathbb{H}$
1. Failure to thrive 2. Adolescent gynecology 3. Well-child care 4. Convulsive disorders 5. Fever of unknown origin 6. Other (specify):  IV. MEDICINE  Applicant Requests Recommends N.R. Ltd. Full  A. Hepatic and Gastrointestinal Disease						
2. Adolescent gynecology 3. Well-child care 4. Convulsive disorders 5. Fever of unknown origin 6. Other (specify):  IV. MEDICINE  Applicant Requests Ltd. Full A. Hepatic and Gastrointestinal Disease  Supervisor/ Consultant Recommends N.R. Ltd. Full	٦.		•			
3. Well-child care 4. Convulsive disorders 5. Fever of unknown origin 6. Other (specify):  IV. MEDICINE  Applicant Requests Ltd. Full  A. Hepatic and Gastrointestinal Disease  Supervisor/ Consultant Recommends N.R. Ltd. Full						H
4. Convulsive disorders 5. Fever of unknown origin 6. Other (specify): Supervisor/  Applicant Requests Ltd. Full N.R. Ltd. Full  A. Hepatic and Gastrointestinal Disease				HH		H
5. Fever of unknown origin 6. Other (specify):  IV. MEDICINE  Applicant Requests Ltd. Full  A. Hepatic and Gastrointestinal Disease  Supervisor/ Consultant Recommends N.R. Ltd. Full						H
6. Other (specify): Supervisor/  IV. MEDICINE  Applicant Requests Ltd. Full N.R. Ltd. Full  A. Hepatic and Gastrointestinal Disease						H
IV. MEDICINE  Applicant Requests Recommends Ltd. Full  A. Hepatic and Gastrointestinal Disease						H
Applicant Consultant Requests Recommends Ltd. Full N.R. Ltd. Full  A. Hepatic and Gastrointestinal Disease		0.	Series (Speedly).			
				Requests	Consultant Recommends	Full
	A					

Circular Appendix 95-16-C.1 (04/10) Page 5 of 13

IV. MEDICINE			Applicant Requests		Supervisor/ Consultant Recommends		
		Ltd.	Full	N.R.	Ltd.	Full	
2.	Decompensated cirrhosis						
3.	Hepatitis						
4.	Cholecystitis						
5.	Pancreatitis						
6.	Regional enteritis						
7.	Ulcerative colitis						
8.	Peptic ulcer disease						
9.	Acute G.I. bleeding						

10. Other (specify): \_\_\_\_\_

IV. MEDICINE	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd.	Full
B. Renal Disease			
1. Glomerulonephritis			
2. Pyelonephritis			
3. Nephrosis			
4. Acute insufficiency—conservative			
5. Chronic insufficiency			
6. Other (specify):			
C. Pulmonary Disease			
Uncomplicated pneumonia			Щ
2. Complicated pneumonia			
3. Emphysema and chronic bronchitis			
4. Pulmonary insufficiency			
5. Pulmonary embolus			
6. Pneumothorax			
7. Ventilator management			
8. Oxygen therapy			
9. Asthma			Ш
10. Other (specify):			
D. Cardiac Disease			
Electrocardiographic interpretation			
2. Congestive heart failure, acute			Ш
3. Congestive heart failure, chronic			Ш
4. Ischemic heart disease, angina			
5. Myocardial infarction, uncomplicated			
6. Myocardial infarction, complicated			Ш
7. Valvular heart disease			
8. Pericarditis			Ш
9. Cardiac arrhythmias			
10. Cardioversion-medical			
11. Cardioversion-electrical			Ш
12. Thrombophlebitis			Ш
13. Other (specify):			
E. Hypertension			
Essential hypertension     Malinnant hypertension			
2. Malignant hypertension			
3. Other (specify):			

IV. MEDICINE	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. Full
F. Metabolic and Endocrine Disease		
1. Diabetes mellitus		
2. Diabetes mellitus, complicated by keto-acidosis or coma		
3. Hypo/hyperthyroidism, uncomplicated		
4. Hypo/hyperthyroidism, severe/complicated		
5. Gout		
6. Other (specify):		
G. Collagen Disease		
1. Lupus erythematosus		
2. Scleroderma		
3. Other (specify):		
H. Arthritis		
1. Rheumatoid arthritis		
2. Osteoarthritis		
3. Other (specify):		
I. Hematologic and Oncologic Diseases		
1. Anemias		
2. Thrombocytopenias		
3. Cancer chemotherapeutic drug administration		
4. Cancer patient management		
5. Other (specify):		
J. Neurological diseases		
Cerebrovascular accident		
2. Convulsive disorders		
3. Parkinsonism		
4. Degenerative neurological disorders		
5. Meningitis		
6. Other (specify):		
K. Allergy (Medical or Pediatric)		
1. Desensitization		
2. Urticaria		
3. Other (specify):		

Circular Appendix 95-16-C.1 (04/10) Page 8 of 13

V. SURGICAL OR PROCEDURAL (See Appendix C.3)	Applicant Requests	Supervisor/ Consultant Recommends		
A. Skin	Ltd. Full	N.R. Ltd.	Full	
1. I & D of abscess				

V.	SURGICAL OR PROCEDURAL (See Appendix C.3)			Applicant		Supervisor/ Consultant Recommends		
			Reque	ests Full	Recon N.R.	nmenas Ltd.	Full	
	2.	Wound debridement						
	3.	Incisional and excisional biopsy		П				
	4.	Excision of benign tumors		П				
	5.	Repair & closure of simple lacerations (not involving tendons/nerves/major vessels)						
	6.	Repair & closure of complicated lacerations						
	7.	Electro-surgical destruction of lesions (Fulguration)						
	8.	Pilonidal cyst drainage						
	9.	Lymph node biopsy						
	10	). First and second degree burns						
	1	I. Other (specify):						
	В. О	phthalmologic						
	1.	I & D abscess of lid						
	2.	Removal of superficial foreign bodies						
	3.	Corneal abrasion						
	4.	Other (specify):						
	C. E	NT and Plastic Surgery						
	1.	Tracheostomy		$\mathbb{H}$		$\mathbf{H}$		
	2.	I & D abscess/hematoma of canal/auricle				$\vdash$		
	3.	Foreign body removal from nose or ear				$\vdash$		
	4.	Laryngoscopy						
	5.	Nasal packing		Н				
	6.	Nasal fracture reduction		Н				
	7.	Blepharoplasty						
	8.	Myringotomy						
	9.	Other (specify):						
	D. D	igestive System						
	1.	I & D perirectal abscesses				$\mathbf{H}$		
	2.	Electrocautery/excision of anal condylomata				$\mathbf{H}$		
	3.	I & D oral abscesses		$\mathbf{H}$		$\vdash$		
	4.	Biopsy mouth, tongue or lip lesions		$\blacksquare$				
	5.	Repair oral lacerations				$\vdash$		
	6.	Passage & use of Sengstaken-Blakemore tube		H		H	H	
	7.	Gastric lavage		H			H	
	8.	Liver biopsy, closed		H			H	
	9.	Proctosigmoidoscopy, anoscopy						

V.	SU	RGICAL OR PROCEDURAL (See Appendix C.3)	Req	olicant Juests		ltant nmends	F. II
		10. Proctosigmoidoscopy, anoscopy, w/ biopsy	Ltd.	Full	N.R.	Ltd.	Full
		11. Diagnostic paracentesis					
		12. Therapeutic or decompressive paracentesis					
		13. Closed reduction of hernias				$\vdash$	
		14. Gastroscopy					
	_	15. Other (specify):					
	┏.	Orthopedic  1. Muscle biopsy					
		<ol> <li>Muscle biopsy</li> <li>Injection of tendon sheath, ligament trigger points, or bursae</li> </ol>					
		3. Arthrocentesis					
		4. Bone marrow aspiration					
		5. Bone marrow biopsy					
		<ol><li>Closed reduction of simple fractures of phalanges, clavicles, ribs, toes</li></ol>					
		<ol> <li>Closed reduction of simple fractures of radii, ulnae, humeri, tibiae, fibulae</li> </ol>					
		8. Reduction of dislocations of hip, elbows, shoulders, fingers	s 💹				
		9. Application of casts and splint					
		10. Non-surgical & non-neurological traction					
		11. Other (specify):					
	F.	Thoracic					
		1. Thoracentesis					
		2. Tube thoracostomy					
		3. Pleural biopsy					
		4. Bronchoscopy					
		5. Other (specify):					
	G.	Genito-urinary, Renal, Urologic					
		1. Hemodialysis					
		2. Peritoneal dialysis					
		3. Bladder aspiration by needle or catheter					
		4. Vasectomy					
		5. Circumcision				H	
		6. Meatotomy					
		7. Bladder irrigation				H	
		8. Other (specify):				H	
		<del></del>					

V.	SU	IRG	GICAL OR PROCEDURAL (See Appendix C.3)		licant uests Full	Consu	visor/ ultant nmends Ltd.	Full
	н.	Ne	eurological	Ltd.	i dii	IV.IX.	Ltu.	ı un
			Peripheral nerve block					
		2.	Lumbar puncture					
		3.	Local/regional anesthesia administration					
		4.	Observe for head injury					
		5.	Subdural tap					
		6.	Other (specify):					
	ı.	Va	scular					
		1.	Arterial puncture					
		2.	Insertion and monitoring of CVP line					
		3.	Insertion of temporary cardiac pacemaker					
		4.	Cutdown for insertion of catheters					
		5.	Umbilical vein catheterization					
		6.	Umbilical artery catheterization					
		7.	Right heart catheterization					
		8.	Other (specify):					
	J.	En	nergency Procedures, Not Covered Elsewhere					
		1.	Cricothyroidotomy					Щ
		2.	Endotracheal intubation					Ш
		3.	Insertion of oropharyngeal airway					
		4.	Intracardiac injection					
		5.	Pericardiocentesis					
		6.	Peritoneal lavage					Ш
		7.	Use of manual and mechanical resuscitator					
		8.	Use of rotating tourniquets					
		9.	Use of MAST trousers					
		10	. Acute drug overdoses					
		11	. Other (specify):					
VI.	PS	YC	HIATRIC (See Appendix C.4)		licant uests	Consu	visor/ ultant nmends	
				Ltd.		N.R.	Ltd.	Full
			xiety disorders					
			epression					
			ronic schizophrenia					
	D.	Su	ıbstance abuse					

VI.PSYCHIATRIC (See Appendix C.4)	Annlicant	Supervisor/	
	Applicant Requests	Consultant Recommends	
	Ltd. Full		ull
E. Hyperactivity in children			
F. Other (specify):			
VII. RADIOLOGY (See Appendix C.11)	A 1' 1	Supervisor/	
	Applicant Requests	Consultant Recommends	
	<u>Ltd.</u> <u>Full</u>		ull
A. Radiograph interpretation (with report)			
B. Ultrasound interpretation (with report)			
C. Injection of contrast material (venous, arteri lymphatic)	ial,		
D. Performance of x-rays			
1. Chest			
2. Extremities			
3. Others			
E. Other (specify):			

## **MEDICAL PRIVILEGES REQUEST FORM**

1.	I hereby request the clinical privileges as indicated on the forms attached.		
	Applicant	Date	_
2.	I hereby recommend the clinical privileges	as indicated.	
	Supervisor/Consultant	Date	_
3.	As Chairperson of the Medical Staff Execut (check one)	cive Committee, I hereby	y recommend the clinical privileges
	As noted.		
	With the following exceptions, deletions, additions, or conditions:		
			_
	Clinical Director	Date	_
4.	I hereby recommend the applicant for clinic	cal privileges.	
	Service Unit Director	Date	_
5.	Privileges are hereby granted: (check one)		
	As noted.		
	With the following exceptions, deletions, additions, or conditions:		
			_
	Chairperson of the Governing Body	Date	_
	<b>5</b>		

### ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 60 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Reports Clearance Officer, Indian Health Service, 801 Thompson Avenue, TMP Suite 450, Rockville, MD 20852, ATTN: PRA (0917–0009). Please *do not send* this form to this address.