Circular Appendix 95-16-C.2 (04/10) Page 1 of 4

# DEPARTMENT OF HEALTH AND HUMAN SERVICES Indian Health Service

FORM APPROVED
OMB Approval No. 09170009
Expiration Date:

# MEDICAL PRIVILEGES REQUEST FORM (CATEGORICAL METHOD FOR OB-GYN PRIVILEGES)

0	BSTETRICS							
Α.	Category I	Applicant Requests	Supervisor/ Consultant Recommends					
1.	Diagnosis and therapy, with minimal threat to life	Ltd. Full	N.R. Ltd. Full					
Qı	ualifications							
Physicians with minimal formal training in the specialty, but with training and experience in the care of the specific conditions, and certified nurse midwives. In either case, clinician has had at least 30 supervised deliveries.								
Exa	amples	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. Full					
1.	Normal prenatal and postpartum care							
2.	Uncomplicated labor and vaginal delivery							
3.	Maternal fetal monitoring (clinical and electronic)							
4.	Local and pudendal anesthesia							
5.	Amniotomy							
6.	Episiotomy and repair of second degree laceration							
7.	Use of oxytocic drugs after completion of third stage							
8.	Management of uncomplicated postpartum infection							
9.	Repair of minor vaginal/cervical laceration							
10.	Management of mild preeclampsia after consultation with an OB-GYN specialist							
11.	Other (Specify):							
В.	Category II	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. Full					
1.	Major diagnosis and therapy, but with no significant threat to life							

#### Qualifications

Physicians with significant training in the specialty related to diagnosis and therapy, i.e., full 3–6 months of training and experience within an approved obstetric training program, as in an OB-GYN or family practice residency, and experience in the care of the specific conditions.

Fully trained and certified *nurse midwives* must be able to demonstrate competence through training and experience to be granted privileges for manual removal of the placenta and for postpartum uterine exploration. An individual certified nurse midwife who has had advanced training and experience may be granted privileges for low-vacuum extraction delivery and/or Level I ultrasound.

Exai	mples	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. Full
1. (	Category I		
2. L	ow forceps or vacuum extractor delivery		
	Manual removal of placenta and postpartum uterine oration		
4. F	Repair of third/fourth degree perineal laceration		
5. L	evel I Ultrasound		
6. 0	Other (Specify):		
<b>C.</b>	Category III		
Maj	or diagnosis and therapy with possible serious threat to life		
Qua	alifications		
	sicians with completed residency training in the specialty or pecific conditions.	with extensive ex	operience in the care
Exai	mples	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. Full
1. (	Categories I and II		
	All vaginal deliveries, including breech delivery and mid forceps delivery		
3. A	All cesarean deliveries		
4. A	Amniocentesis		
	All high risk pregnancies, including major medical diseases complicating pregnancy except intrauterine transfusion		
6. 0	Other (Specify):		

# **II. GYNECOLOGY**

## A. Minor

**Examples** 

11. Laparoscopy

12. Other (Specify):

Physician with minimal formal training in the discipline but with training and experience in the care of the specific conditions.

Supervisor/ Consultant

	F	Applica		Consult		
		Reque		Recomr		E. II
1	I & D of vulvar or perineal abscess	Ltd.	Full	N.R.	Ltd.	Full
	·		Н			$\vdash$
2.						
3.	Endometrial biopsy					Ш
4.	Culdocentesis					
5.	Polypectomy					
6.	Curettage for incomplete abortion					
7.	Other (Specify):					
В.	. Major					
Ph	ysician with completed residency training in the specialty or w					
th	e care of the specific conditions. Radical or exenterative proc S clinical setting.	Ledures	are gener	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		i tiic
th IH			-	Supervi	sor/	Turc
th IH	S clinical setting.	Applica	ant	Supervi Consult	sor/ ant	T CITC
th IH	S clinical setting.		ant	Supervi Consult Recomr	sor/ ant	<u>Full</u>
th IH	S clinical setting.	Applica Reque	ant sts	Supervi Consult Recomr	sor/ ant nends	
th IH	S clinical setting.  amples  Minor gynecologic surgery	Applica Reque	ant sts	Supervi Consult Recomr	sor/ ant nends	
the IH	S clinical setting.  amples  Minor gynecologic surgery  All gynecologic illnesses and complications	Applica Reque	ant sts	Supervi Consult Recomr	sor/ ant nends	
1. 2. 3.	S clinical setting.  amples  Minor gynecologic surgery  All gynecologic illnesses and complications	Applica Reque	ant sts	Supervi Consult Recomr	sor/ ant nends	
1. 2. 3. 4.	S clinical setting.  amples  Minor gynecologic surgery  All gynecologic illnesses and complications  Examination under anesthesia	Applica Reque	ant sts	Supervi Consult Recomr	sor/ ant nends	
th IH  Exc  1. 2. 3. 4. 5.	All gynecologic illnesses and complications  Examination under anesthesia  Tubal sterilization	Applica Reque	ant sts	Supervi Consult Recomr	sor/ ant nends	
1. 2. 3. 4. 5.	All gynecologic surgery All gynecologic illnesses and complications Examination under anesthesia Tubal sterilization Abdominal hysterectomy	Applica Reque	ant sts	Supervi Consult Recomr	sor/ ant nends	
1. 2. 3. 4. 5. 6. 7.	Amples  Minor gynecologic surgery All gynecologic illnesses and complications Examination under anesthesia Tubal sterilization Abdominal hysterectomy Salpingoophorectomy	Applica Reque	ant sts	Supervi Consult Recomr	sor/ ant nends	
1. 2. 3. 4. 5. 6. 7.	Amples  Minor gynecologic surgery All gynecologic illnesses and complications  Examination under anesthesia  Tubal sterilization  Abdominal hysterectomy  Salpingoophorectomy  Incidental appendectomy	Applica Reque	ant sts	Supervi Consult Recomr	sor/ ant nends	

Circular Appendix 95-16-C.2 (04/10) Page 4 of 4 **Note:** All clinicians granted obstetrics privileges must also be qualified for and granted privileges in newborn resuscitation.

### 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.