

PODIATRIC PRIVILEGES REQUEST FORM

INTRODUCTION

This Podiatric 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 podiatry and podiatric surgery are listed below. This list contains both outpatient and inpatient items, and 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.

INSTRUCTIONS FOR COMPLETING THE FORM

Applicant: With a check mark in the appropriate location, indicate for each item, if you are requesting privileges. Be sure to sign the request as indicated on page 3.

Discipline-specific supervisor or consultant: Indicate your recommendation for each requested clinical privilege by placing a check mark in the appropriate location. 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.

Note: Any patient admitted to an IHS hospital for inpatient podiatric surgery or care must, by prior agreement, have an admission history and physical exam done by a physician member of that hospital's medical staff. Any medical problems present on admission and any which occur during the hospital stay must be managed by that physician or his/her physician designee. Any patient undergoing outpatient podiatric surgery in any IHS facility must likewise be under the care of one of that facility's physician members of the medical staff for medical needs.

	Applicant Requests Ltd.	Full	Supervisor/ Consultant Recommends N.R.	Ltd.	Full
1. Office-based, nonsurgical podiatric care, including examinations, consultation, and noninvasive procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Toenail surgery, including removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Arthroplasty of the lesser digits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Simple cutaneous lesions excision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Simple tenotomy/capsulotomy of the forefoot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Simple bunionectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Complex bunionectomy (Keller, Mitchell, Chevian, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Removal of foreign bodies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Excision of neuromas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Forefoot sesamoidectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Tailor's bunionectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Excision of dorsal metatarsal cuneiform exostosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Osteotomy of the lesser metatarsals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Plantar condylectomy, lesser metatarsals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Excision or resection, metatarsal-phalangeal arthroplasty or hemi-arthroplasty of the lesser toes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Excision of subcutaneous lesions, including lipomas, fibromas, and ganglions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Osteotomy of the lesser toe phalanges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Interphalangeal excision arthroplasty or arthrodesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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 Executive Committee, I hereby recommend the clinical privileges: (check one)

As noted.
 With the following exceptions, deletions, additions, or conditions:

Clinical Director _____ Date _____

4. I hereby recommend the applicant for clinical 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 _____ Date _____
Governing Body

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 5 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.
