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# DEPARTMENT OF HEALTH AND HUMAN SERVICES Indian Health Service

FORM APPROVED
OMB Approval No. 0917-

0009

Expiration Date: 6/30/2016

## 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. ex	Office-based, nonsurgical podiatric care, including aminations, consultation, and noninvasive procedures			
2.	Toenail surgery, including removal			
3.	Arthroplasty of the lesser digits			
4.	Simple cutaneous lesions excision			
5.	Simple tenotomy/capsulotomy of the forefoot			
6.	Simple bunionectomy			
7.	Complex bunionectomy (Keller, Mitchell, Chevian, etc.)			
8.	Removal of foreign bodies			
9.	Excision of neuromas			
10.	Forefoot sesamoidectomy			
11.	Tailor's bunionectomy			
12.	Excision of dorsal metatarsal cuneiform exostosis			
13.	Osteotomy of the lesser metatarsals			
14.	Plantar condylectomy, lesser metatarsals			
15. he	Excision or resection, metatarsal-phalangeal arthroplasty or emi-arthroplasty of the lesser toes			
16. ar	Excision of subcutaneous lesions, including lipomas, fibromad ganglions	as,		
17.	Ostectomy of the lesser toe phalanges			

Applicant Requests Ltd. Full Supervisor/ Consultant Recommends N.R. Ltd. Full

18. Interphalangeal excision arthroplasty or arthrodesis

## PODIATRIC 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 Executive (check one)	ve Committee, I hereby recommend the clinical privileges:		
	As noted.			
	With the following exceptions, deletions, additions, or conditions:			
	Clinical Director	Date		
4.	I hereby recommend the applicant for clinical	al privileges.		
	Service Unit Director	Date		
5.	Privileges are hereby granted: (check one)			
	As noted.			
	With the following exceptions, deletions, additions, or conditions:			
	<u> </u>			
	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.