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

OBSTETRICS

DEPARTMENT OF HEALTH AND HUMAN SERVICES Indian Health Service

FORM APPROVED OMB Approval No. 0917-

0009

Expiration Date: 6/30/2016

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

1.	Category I Diagnosis and therapy, with minimal threat to life ualifications	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. Full
th	ysicians with minimal formal training in the specialty, but with e specific conditions, and certified nurse midwives. In eithe pervised deliveries.		
1. 2. 3. 4. 5. 6. 7. 8. 9.		Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. Full
	Category II Major diagnosis and therapy, but with no significant threat to life	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. Full

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.

Exan	nples	Applicant Requests Ltd. Ful	C R	upervis onsulta ecomm <u>.R</u> . <u>J</u>	ant	<u>Full</u>
1. C	ategory I					
2. Lo	ow forceps or vacuum extractor delivery					
	lanual removal of placenta and postpartum uterine pration					
4. R	epair of third/fourth degree perineal laceration					
5. Le	evel I Ultrasound					
6. O	ther (Specify):					
c. c	Category III					
Majo	or diagnosis and therapy with possible serious threat to life					
Qua	lifications					
	sicians with completed residency training in the specialty or pecific conditions.	with extens	sive expe	rience	in the	care
Exam	nples	Applicant Requests Ltd. Ful	C R	upervis onsulta ecomm .R. I	ant	Full
1. C	ategories I and II					
	ll vaginal deliveries, including breech delivery and mid orceps delivery					
3. Al	Il cesarean deliveries					
4. A	mniocentesis					
	ll high risk pregnancies, including major medical diseases omplicating pregnancy except intrauterine transfusion					
6. O	ther (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>
the IH	S clinical setting.	Applica Reque	ant sts	Supervi Consult Recomr	sor/ ant nends	
the 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	
th IH Ex: 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.