

Delineation Practice Prerogatives—PHYSICIAN ASSISTANT/NURSE PRACTITIONER

Please indicate by a check in the requested column those privileges, which are commensurate with your clinical ability, training, and experience for which you are applying.

PRACTICE PEROGATIVES:	Requested	Not Requested	Approved	Denied
Perform History and Physical examination with physician supervision (Physician to co-sign within 24 hours)				
Dictate/write History/Physical, Progress Notes, Discharge Summary (Physician to co-sign within 24 hours)				
Initiate orders for medications, treatments, diagnostic tests and procedures (Physician to co-sign within 24 hours)				
Cleanse and dress wounds				

Your initials as used in Medical Records _____

Your signature as used in Medical Records _____

I, _____, hereby request privileges in the specialty of Internal medicine as indicated. I understand that privileges requested may differ from those approved. I further understand that this request does not preclude me from requesting additional privileges in the future.

 Practitioner

 Date

APPROVAL:	
Comments:	

_____	_____
Medical Director	Date
_____	_____
Governing Body	Date