

**NEW MEXICO STATE VETERANS HOME**  
**DELINEATION OF CLINICAL PRIVILEGES**  
**PHARMACIST CLINICIAN SERVICES**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SIGNATURE

By checking an item below you are requesting the privilege of practicing the item without supervision and stating that you are qualified to do so.

\_\_\_\_\_ Compile patient medical histories

\_\_\_\_\_ Perform physical examinations

\_\_\_\_\_ Assess and diagnose medical problems, initiate and carry out treatment plans

\_\_\_\_\_ Prescribe medications

\_\_\_\_\_ Order and interpret diagnostic tests including electrocardiograms, blood studies and X-ray studies

\_\_\_\_\_ Perform diagnostic and therapeutic procedures including suturing, splinting, and Cryotherapy

\_\_\_\_\_ Counsel patients on preventative care and health risk management

\_\_\_\_\_ Provide emergency medical services

\_\_\_\_\_ Ensure the patient's general wellness

\_\_\_\_\_ Facilitate the admission of residents

**OTHER**

\_\_\_\_\_  
\_\_\_\_\_

**NMSVH CREDENTIALING COMMITTEE RECOMMENDATION:**

The members of the NMSVH Credentialing Committee have reviewed and investigated this application and hereby recommend that this application be:

\_\_\_\_\_ Accepted for appointment/reappointment of staff membership and/or continuation of current privileges.

\_\_\_\_\_ Accepted for reappointment of staff membership and modification of privileges as outlined on privilege delineation forms.

\_\_\_\_\_ Rejected or accepted with restrictions for the following reasons:

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NMSVH Medical Director: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

**ACTION BY GOVERNING BOARD:**

\_\_\_\_\_ Concur with NMSVH Credentialing Committee recommendation

\_\_\_\_\_ Other action (describe): \_\_\_\_\_

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