

NEW MEXICO STATE VETERANS HOME
DELINEATION OF CLINICAL PRIVILEGES
PHYSICIAN ASSISTANT 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:

NMSVH Medical Director: _____ Date: _____

Comments:

ACTION BY GOVERNING BOARD:

_____ Concur with NMSVH Credentialing Committee recommendation

_____ Other action (describe): _____
