

LA CLINICA DE FAMILIA

OBSTETRIC AND GYNECOLOGY MID LEVEL REQUEST FOR PRIVILEGES

General Requirements: Nurse Practitioner requesting Obstetric and Gynecology privileges will have successfully completed a Obstetric and Gynecology program.

Provider's Name: _____

| Request | Verified | Approved | Not Approved | PROCEDURES AND SERVICES | Request | Verified | Approved | Not Approved | PROCEDURES AND SERVICES |
|---------|----------|----------|--------------|--|---------|----------|----------|--------------|-------------------------|
| | | | | Perform history and physical examination: To include pap smear and STD screening | | | | | |
| | | | | Interpretation of laboratory data | | | | | |
| | | | | Cardiopulmonary resuscitation (basic life support) | | | | | |
| | | | | Provide family planning counseling | | | | | |
| | | | | Insert and remove IUD's | | | | | |
| | | | | Fit diaphragms | | | | | |
| | | | | Prescribe hormonal contraception | | | | | |
| | | | | Diagnose and treat pelvic infections | | | | | |
| | | | | Perform wet prep testing | | | | | |
| | | | | Treatment of Condylomata with cryotherapy, TCA, and /or excision | | | | | |
| | | | | Perform biopsy of the endometrium | | | | | |
| | | | | Cervical polypectomy | | | | | |
| | | | | Apply and change wound dressing | | | | | |
| | | | | Diagnose and treat pelvic infections | | | | | |
| | | | | Prenatal Care | | | | | |
| | | | | Diagnose breast disease, treat and /or make appropriate referral | | | | | |
| | | | | Bartholin's cyst/abscess I&D | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Documentation of training and expertise to perform all practice procedures requested must be provided.

Provider Signature

Date

_____ Temporary Approval pending Medical/Dental Staff Committee Meeting

_____ Denied

Signature Medical Director

Date

Medical/Dental Staff Committee Approval

_____ Temporary Approval (temporary employees)

_____ Regular Approval

_____ Regular Provisional Approval

_____ Approval with modifications (specify below)

_____ Denied (specify below)

Medical/Dental Staff Committee Chairperson

Date