

ADVANCED REGISTERED NURSE PRACTITIONER Page 1 of 2

PRIVILEGE FORM

NAME: _____ EFFECTIVE DATE: _____ To _____

LEGEND: 1 – BMC - Jax 2 – BMC - Beaches 3 – BMC - Nassau 4 – SV Southside 5 – SV Riverside
 6 – UF Health Jax/ TCU 7 – Wolfson 8 – Brooks 9 – BMC - South 10 – SV Clay

The minimum education, training and experience qualifications for core privileges are as delineated in each hospital's Medical Staff Bylaws, Rules and Regulations, or policies. Please consult these documents to determine your eligibility to request these privileges.

To request Core Privileges, please place an "X" in the appropriate hospital column.

1	2	3	4	5	6	7	8	9	10	CORE PRIVILEGES	APPR
										Initial and ongoing assessment of patient's medical, physical, and psychosocial status, including: conduct history and physical; develop treatment plan; provide patient education, perform rounds; record progress notes; order test, examinations, medications, and therapies; and write discharge summary. All privileges are conducted in accordance with an approved written protocol between the nurse practitioner and the supervising physician, and do not take the place of timely physician visits.	

To request Special Procedures, please place an "X" in the appropriate hospital column. If the condition/privilege you desire is not included on this form, please submit a separate written request for the privilege along with documentation of training and/or experience.

1	2	3	4	5	6	7	8	9	10	SPECIAL PROCEDURES Procedures that are not routinely part of training, and may require proof of training or experience.	APPR
										Apply/remove Orthopaedic Splints/casts for closed Fractures and Severe Sprains	
										Arterial Line Placement [++Hospitals 2]	
										Bone Marrow Biopsies [++Hospitals 2, 4, 5, 10]	
										Cardiac Stress Testing [++Hospitals 4, 5, 10]	
										Central Venous Catheters – Insertion [++Hospitals 4, 5, 10]	
										Central Venous Catheters – Removal	
										Cerebrospinal Fluid (CSF) Shunt Puncture [++Hospitals 6, 7]	
										Chest Tubes – Insertion [++Hospitals 4, 5, 10]	
										Chest Tubes – Removal	
										Emergency Department – May Manage Illness of Minimal Severity With No Serious Threat to Life [++Hospitals 6]	
										Emergency Department – May Perform Initial Evaluation of Illness of Moderate or Major Severity and Manage in Conjunction with Supervising Physician [++Hospitals 6]	
										Emergency Department – Perform Medical Screening Exams [++Hospitals 6]	
										Endotracheal Intubation [++Hospitals 6]	
										Exchange Transfusions	
										First/Second Surgical Assistant [++Hospitals 2]	
										Implantation of temporary cardiac pacemakers [++Hospitals 1]	
										Insertion pulmonary artery catheter (Swan Ganz) [++Hospitals 6]	
										Intra Aortic Balloon Pump (IABP) – Insertion [++Hospitals 1, 4, 5, 10]	
										Intra Aortic Balloon Pump (IABP) – Removal [++Hospitals 1, 4, 5, 7, 10]	
										Joint Injections	

■ Privilege not available in this specialty at this hospital.
 ++ Please refer to this hospital's Bylaws or Rules and Regulations regarding specific criteria to be met before this privilege may be granted.

ADVANCED REGISTERED NURSE PRACTITIONER Page 2 of 2 PRIVILEGE FORM

NAME: _____ EFFECTIVE DATE: _____ To _____

LEGEND: 1 – BMC - Jax 2 – BMC - Beaches 3 – BMC - Nassau 4 – SV Southside 5 – SV Riverside
6 – UF Health Jax/ TCU 7 – Wolfson 8 – Brooks 9 – BMC - South 10 – SV Clay

1	2	3	4	5	6	7	8	9	10	SPECIAL PROCEDURES Procedures that are not routinely part of training, and may require proof of training or experience.	APPR
										Limited Fiberoptic Bronchoscopy [++Hospitals 6]	
										Local Infiltrative Anesthesia Administration	
										Lumbar Puncture	
										Moderate Sedation/Analgesia [++Hospitals 2,3, 6, 9]	
										Open, Close, Harvest and Prepare Saphenous Vein for Bypass Graft [++Hospitals 4, 5, 10]	
										Peripheral indwelling central venous catheter (PICC) insertion [++Hospitals 4, 5, 6, 10]	
										Puncture and Aspiration of Subcutaneous Abscess or Cyst [++Hospitals 7]	
										Resuscitative Measures (ACLS, NCLS, PALS) [++Hospitals 1, 2, 3, 4, 5, 7, 9, 10]	
										Reprogramming of Programmable Shunt System [++Hospitals 7]	
										Skin Biopsy or Excise Lesions [++Hospitals 2, 4, 5, 10]	
										Sternal Closure [++Hospitals 4, 5, 10]	
										Subdural Puncture [++Hospitals 7]	
										Suture Lacerations and Provide Wound Care	
										Temporary Pacer Wires – Removal	
										Venous Cut-Down [++Hospitals 4, 5, 10]	
										Ventricular Tap [++Hospitals 7]	
										Umbilical Vessel Catheterization	

Acknowledgment of Practitioner: I understand that (a) in exercising clinical privileges granted, I am constrained by each hospital's Medical Staff policies, rules and regulations, and (b) any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of each hospital's Medical Staff Bylaws.

Applicant Signature: _____ **Date:** _____
Acknowledgment of Supervising Physician: The above named practitioner shall be under my supervision in the exercise of clinical privileges. I acknowledge that above named practitioner is competent and qualified to perform the requested privileges.

Supervising Physician Signature: _____ **Date:** _____

Supervising Physician Printed Name: _____

Supervising Physician Signature: _____ **Date:** _____

Supervising Physician Printed Name: _____

Supervising Physician Signature: _____ **Date:** _____

Supervising Physician Printed Name: _____

- Privilege not available in this specialty at this hospital.
- ++ Please refer to this hospital's Bylaws or Rules and Regulations regarding specific criteria to be met before this privilege may be granted.