

CERTIFIED NURSE MIDWIFE 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
X										Initial and ongoing assessment of patient's medical, physical, and psychosocial status, including: conduct history and physical; develop treatment plan; perform rounds; record progress notes; order tests, examinations, medications, and therapies; and write discharge summary. These core privileges also include minor superficial surgical procedures/assistance in C-sections or vaginal deliveries; patient management during labor, including amniotomy, episiotomy and its repair; pudendal or local infiltrative anesthesia; postpartum examinations; provision of well woman care and educational services; management of the normal (vertex) obstetrical patient; and initial care of the newborn patient. All privileges are conducted in accordance with an approved written protocol between the CNM and the sponsoring /responsible physician with obstetrical privileges. [++Hospitals 4, 5, 10]	

To request Special Procedures, please place an "X" in the appropriate hospital column. If the condition/privilege you desire in 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
										Amnioinfusion [++Hospitals 1, 2, 9]	
										Deliveries Other than Vertex (Breech) [++Hospitals 5]	
										I&D Simple Abscess [++Hospitals 6]	
										Repair of 4 th Degree Lacerations [++Hospitals 1, 2, 5, 9]	
										Ultrasound Studies [++Hospitals 1, 2, 5, 9]	
										Use of Vacuum Extractor [++ Hospitals 1, 6, 11]	
										Vacuum Suction D&C [++Hospitals 5]	

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:** _____

- 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.