

PHYSICIAN ASSISTANT 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/UF 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; and write discharge summary. In addition, order medications, tests, treatments and therapies as delegated by the supervising physician. Privileges also include administration of local infiltrative anesthesia, suture lacerations and wound care. All privileges are conducted under the supervision of a 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 Lines Placement	
										Bone Marrow Biopsies [++Hospitals 4, 5, 10]	
										Cardiac Stress Testing [++Hospitals 4, 5, 6, 10]	
										Central Venous Catheters – Routine Insertion [++Hospitals 4, 5, 6, 10]	
										Central Venous Catheters – Removal	
										Cerebrospinal Fluid (CSF) Shunt Puncture [++Hospitals 6, 7]	
										Change Existing Quinton Catheter and CVP Lines Over Guide-wires	
										Chest Tubes Insertion – Routine [++Hospitals 4, 5, 6, 10]	
										Chest Tubes – Removal	
										Emergency Department – May Manage Illness of Minimal Severity With No Serious Threat to Life [++ Hospital 6]	
										Emergency Department – May Perform Initial Evaluation of Illness of Moderate or Major Severity and Manage in Conjunction with Supervising Physician [++ Hospital 6]	
										Emergency Department – Perform Medical Screening Exams [++ Hospital 6]	
										Endotracheal Intubation [++Hospital 6]	
										ESWL (Lithotripsy)	
										Exchange Transfusions	
										First/Second Surgical Assistant	
										ICP (Camino) Monitor Placement [++Hospital 6]	
										Implantation of temporary pacemakers	
										Insertion pulmonary artery catheter (Swan Ganz) [++Hospitals 4, 5, 6, 10]	

■ 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.
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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
										Intra Aortic Balloon Pump (IABP) – Assist Surgeon in Insertion	
										Intra Aortic Balloon Pump (IABP) – Assist Surgeon in Removal	
										Joint Injections	
										Limited Fiberoptic Bronchoscopy [++Hospitals 6]	
										Limited Fluoroscopy	
										Lumbar Puncture	
										Medications – Prescribe Outpatient (In accordance with FL Admin Code 64B8-30.007-8)	
										Moderate Sedation/Analgesia [++Hospitals 1, 2, 3, 6, 7, 9]	
										Open, Close, Harvest and Prepare Saphenous Vein for Bypass Graft [++Hospitals 5]	
										Pacer wires or left atrial monitoring lines removal [++Hospitals 4, 5, 6, 10]	
										Paracentesis [++Hospitals 6]	
										Peripheral indwelling central venous catheter (PICC) insertion [++Hospitals 6]	
										Puncture and Aspiration of Subcutaneous Abscess or Cyst	
										Resuscitative Measures (ACLS, NCLS, PALS)	
										Reprogramming of Programmable Shunt System [++Hospitals 6]	
										Skin Biopsy or Excise of Skin Lesions [++Hospitals 4, 5, 10]	
										Sternal Closure [++Hospitals 5]	
										Subdural Puncture	
										Thoracentesis [++Hospitals 4, 5, 10]	
										Venous Cut-Down	
										Umbilical Vessel Catheterization	
										Ventricular Tab	
										Wound care debridement	

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: _____

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Acknowledgment of Supervising Physician: The above named practitioner shall be under my supervision (direct or indirect in accordance with the laws of the State of Florida) in the exercise of clinical privileges. I acknowledge that the 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: _____

Supervising Physician Signature: _____ *Date:* _____

Supervising Physician Printed Name: _____

Supervising Physician Signature: _____ *Date:* _____

Supervising Physician Printed Name: _____

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