

LEVEL I CORE PRIVILEGES

Privileges:

Core Privileges for Nurse Practitioners includes the admission, diagnostic evaluation, consultation and treatment of patients of all ages as delegated by an attending physician. This will include managing patients with complex, acute, and chronic health conditions and may be in a variety of clinical settings. These core privileges may include, but are not limited to the following:

- Performing detailed patient history and physical examinations
- Conducting appropriate preventive screening and health promotion procedures based on age and history
- Ordering, performing, and interpreting results of sleep studies, laboratory studies, EKGs, EMGs, EEGs, radiology examinations and other diagnostic studies.
- Performing routine visual and hearing examinations and screening
- Formulating the appropriate differential diagnosis based on history, physical and diagnostic findings
- Developing and implementing treatment plans
- Providing patient education and counseling
- Monitoring the effectiveness of therapeutic interventions
- Authorized prescribing for non-controlled substances. **Prescription of controlled substances requires separate controlled substance delegation to be updated annually.**
- Coordinating follow up care for patients
- Making referrals to various internal and external services
- Writing patient care orders
- Obtaining pre-procedure and surgical consents
- Writing pre and post procedure notes and orders
- Performing consultations
- Direct and perform cardiopulmonary resuscitation efforts, defibrillation (BLS required)
- Ordering restraints or seclusion in the hospital setting
- Ordering inpatient rehabilitation including occupational and physical therapy as described in the Procedure Physical Therapy Referrals Ordered by a Nurse Practitioner
- Ordering durable medical equipment

Core privileges for Nurse Practitioners also includes the performance of diagnostic and therapeutic procedures, including those performed by Registered Nurses at Michigan Medicine (e.g., arterial puncture or placement of urinary catheters and orogastric, nasogastric and Dobhoff feeding tubes, and removal of chest tubes, pigtail catheters, or arterial or central venous lines), and other procedures including but not limited to the following, as appropriate to current role for which privileges are being requested:

- Provision of appropriate wound care including but not limited to suturing, stapling, removal of sutures or staples, and wound debridement
- Provision of appropriate burn care
- Removal of superficial cutaneous, otic, nasal foreign body

FPPE Requirements: Each new appointee will have a senior faculty member identified to serve as a clinical mentor and review of initial professional practice. This advisory and monitoring function will occur for the first six months of appointment. After successful completion of this initial six month period, the appointee's professional practice will be monitored through the Ongoing Professional Practice Evaluation process. It is understood that the FPPE may not be completed at the end of six months. As part of this initial FPPE, a provider profile will be reviewed for clinical activity and for medical record compliance. Outpatient and/or inpatient notes will be evaluated for key components including history, physical examination, and medical decision making. Retrospective medical record review by the senior faculty member will be carried out for five charts during the first three months of appointment. Reporting will be made through the Division leadership.

Core Requested (Applicant) Core Recommended approval (Service Chief)

LEVEL II SUPPLEMENTAL PRIVILEGES (not included in Nurse Practitioner Core)

Additional privileges not included in Core Privileges for Nurse Practitioners will include the performance of diagnostic and therapeutic procedures as appropriate to current role for which privileges are being requested. Nurse Practitioners should only request, and the department should only recommend for approval, privileges which are necessary to function in the current role for which privileges are being requested. These additional privileges may include those from the following representative list, not intended to be all-encompassing, but rather to reflect the categories/types of procedures included in the description of privileges.

Department- or population specific listing of Level II privileges does not prohibit the performance of those functions by nurse practitioners in other departments, as delegated by members of the medical staff who possess those privileges.

Nurse Practitioner: General Procedures

Requested (Applicant)	To be completed by Department		Privilege	FPPE Requirements and Minimum Training & Experience
	Recommended approval (Service Chief)	Not recommended for approval (Service Chief)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anoscopy	Supervised instruction in at least <u>1</u> of the requested procedure; independently perform the procedure <u>1</u> time under the direct observation of an appropriately privileged physician, NP or PA Participation in <u>1</u> or more procedures during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hemorrhoid Banding	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Joint or bursa aspiration/injection	Supervised instruction in at least <u>3</u> of each requested procedure for each anatomic location; independently perform the procedure <u>3</u> times under the direct observation of an appropriately privileged physician or a privileged NP or PA assigned by the physician(s) for each anatomic location. For renewal, participation in <u>3</u> or more of each procedure during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intralesional injection (e.g. T-VEC)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trigger point injections	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incision and drainage	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fine needle aspirates	Supervised instruction in at least <u>3</u> of each requested procedure; independently perform the procedure <u>3</u> times under the direct observation of an appropriately privileged physician or a privileged NP or PA assigned by the physician(s). For renewal, participation in <u>3</u> or more of each procedure during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lumbar puncture	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Muscle biopsy	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin Punch Biopsy	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Core Biopsy	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wound biopsy	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cryotherapy of warts	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soft tissue fluid aspiration	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uncomplicated circumcisions including penile block and release of adhesions	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fitting Pessaries	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Removal of anterior nasal packing/splints and drains as appropriate to area of practice	

Nurse Practitioner: General Procedures (CONTINUED)

Requested (Applicant)	To be completed by Department		Privilege	FPPE Requirements and Minimum Training & Experience
	Recommended approval (Service Chief)	Not recommended for approval (Service Chief)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adult patients, 18 years and older: Renal biopsies of native or transplant kidney	ACLS or PALS required; Supervised instruction in at least 20 of each requested procedure; independently perform the procedure 10 times under the direct observation of an appropriately privileged physician or a privileged NP or PA assigned by the physician(s). For renewal, participation in 10 or more of each procedure during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric patients up to 21 years old: Renal biopsies of native or transplant kidney	ACLS or PALS required; Supervised instruction in at least 20 of each requested procedure; independently perform the procedure 10 times under the direct observation of an appropriately privileged physician or a privileged NP or PA assigned by the physician(s). For renewal, participation in 10 or more of each procedure during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Broviac repair. Ordering de-clotting of Broviacs and ports	Supervised instruction in at least <u>3</u> of each requested procedure; independently perform the procedure <u>3</u> times under the direct observation of an appropriately privileged physician or a privileged NP or PA assigned by the physician(s). For renewal, participation in <u>3</u> or more of each procedure during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Application, management, and removal of casts or splints to body and extremities	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aspiration/injection of superficial cysts or seromas	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Placement, conversion, change and manipulation of gastrostomy, jejunostomy	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Endotracheal intubation/extubation	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paracentesis	ACLS, NRP or PALS certification required. Supervised instruction in at least <u>3</u> of each requested procedure for each anatomic location; independently perform the procedure <u>3</u> times under the direct observation of an appropriately privileged physician or a privileged NP or PA assigned by the physician(s) for each anatomic location. For renewal, participation in <u>3</u> or more of each procedure during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thoracentesis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform airway assessments and fit standard and custom tracheostomy tubes on established tracheostomy patients	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventilator management, including assessing readiness for and administering respirator weaning /oxygen therapy and extubation. Assessing need for intubation	ACLS, NRP or PALS certification required. Supervised instruction in at least <u>5</u> of the requested procedure; independently perform the procedure <u>5</u> times under the direct observation of the physician or NP or PA training. Participation in <u>5</u> or more procedures during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chest tube insertion	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insertion or changing of arterial lines or venous lines, including changing over a guidewire, either percutaneously or by cut down	

Nurse Practitioner: General Procedures (CONTINUED)

Requested (Applicant)	To be completed by Department		Privilege	FPPE Requirements and Minimum Training & Experience
	Recommended approval (Service Chief)	Not recommended for approval (Service Chief)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First or second assist in the operating room by performing retraction, suturing, tying and cutting suture, stapling, cauterizing, aspirating, and other assistance as requested by the surgeon. This requires the physical presence of the Attending Physician for all key portions of the operation consistent with Michigan Medicine Policy 03-07-012	New graduate NP or NP new to specialty will have a mentoring period which will include observation, assisting the supervising physician, NP or PA, then demonstration of competency under direct supervision to be determined by the physician or NP or PA training the individual. A competency assessment will occur at the annual employee review by the supervising physician, using chart reviews and/or observational methods
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intrathecal injection of chemotherapy by lumbar puncture, as ordered by an authorized attending physician.	Acknowledgment of reading and adherence to policy Michigan Medicine Policy 07-01-010: Chemotherapy at Michigan Medicine.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intrathecal injection of chemotherapy via CSF reservoir, as ordered by an authorized attending physician.	Supervised instruction in at least <u>3</u> of each requested procedure for each anatomic location; independently perform the procedure <u>3</u> times under the direct observation of an appropriately privileged physician or a privileged NP or PA assigned by the physician(s) for each anatomic location. For renewal, participation in <u>3</u> or more of each procedure during the previous 12 month period.

Nurse Practitioner: Specialty and Subspecialty Procedures

Cardiology:

Requested (Applicant)	To be completed by Department		Privilege	FPPE Requirements and Minimum Training & Experience
	Recommended approval (Service Chief)	Not recommended for approval (Service Chief)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assist in invasive cardiology including pacemaker insertions, cardiac catheterization, PTCA	ACLS, NRP or PALS certification required. New graduate NP or NP new to specialty will have a mentoring period that will include observation, assisting the supervising physician or NP, then demonstration of competency under direct supervision to be determined by the physician or NP or PA training the individual. A competency assessment will occur at the annual employee review by the supervising physician, using chart reviews or observational methods.

Cardiology: (CONTINUED)

Requested (Applicant)	To be completed by Department		Privilege	FPPE Requirements and Minimum Training & Experience
	Recommended approval (Service Chief)	Not recommended for approval (Service Chief)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform Automatic Implantable Cardioverter Defibrillator checks	ACLS, NRP or PALS certification required. Supervised instruction in at least <u>3</u> of each requested procedure; independently perform the procedure <u>3</u> times under the direct observation of an appropriately privileged physician or a privileged NP or PA assigned by the physician(s). For renewal, participation in <u>3</u> or more of each procedure during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform cardiac stress testing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform nuclear cardiac stress testing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform cardioversion	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform Tilt Table Testing	

Cardiac, Vascular and Thoracic Surgery:

Requested (Applicant)	To be completed by Department		Privilege	FPPE Requirements and Minimum Training & Experience
	Recommended approval (Service Chief)	Not recommended for approval (Service Chief)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conduit harvesting including open or endoscopic vein harvesting, radial artery harvesting, femoral artery cut-down	New graduate NP or NP new to specialty will have a mentoring period which will include observation, assisting the supervising physician, NP or PA, then demonstration of competency under direct supervision to be determined by the physician or NP or PA training the individual. A competency assessment will occur at the annual employee review by the supervising physician, using chart reviews and/or observational methods.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Administer drugs by intracardiac injection	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arterial line insertion and removal (radial and femoral)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CVC line placement	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	External pacing including adjusting temporary epicardial, transvenous, or transcutaneous pacemaker as necessary	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intra-aortic balloon pump removal	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Invasive CPR	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pulmonary artery catheter placement	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Removal of intra-cardiac lines	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Removal of temporary epicardial pace-maker wires	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Re-open sternal wound for relief of tamponade	ACLS, NRP or PALS certification required. Supervised instruction in at least <u>3</u> of each requested procedure for each anatomic location; independently perform the procedure <u>3</u> times under the direct observation of an appropriately privileged physician or a privileged NP or PA assigned by the physician(s) for each anatomic location. For renewal, participation in <u>3</u> or more of each procedure during the previous 12 month period.

Cardiac, Vascular and Thoracic Surgery: (CONTINUED)

Requested (Applicant)	To be completed by Department		Privilege	FPPE Requirements and Minimum Training & Experience
	Recommended approval (Service Chief)	Not recommended for approval (Service Chief)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adjustment of intra-aortic balloon devices	ACLS, NRP or PALS certification required. Supervised instruction in at least <u>5</u> of the requested procedure; independently perform the procedure <u>5</u> times under the direct observation of the physician or NP or PA training. Participation in <u>5</u> or more procedures during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management of non-urgent and urgent ventricular assist devices (VAD)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pericardiocentesis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visual inspection of the airways by flexible bronchoscopy through endotracheal tube	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sternotomy/opening and closing of incision for approach to heart and mediastinal structures.	ACLS, NRP or PALS certification required. Must be supervised for <u>20</u> procedures and independently perform the procedure <u>20</u> times under direct observation. Must perform <u>20</u> procedures per year to maintain privileges.

Emergency Medicine:

Requested (Applicant)	To be completed by Department		Privilege	FPPE Requirements and Minimum Training & Experience
	Recommended approval (Service Chief)	Not recommended for approval (Service Chief)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Removal of corneal foreign body	Supervised instruction in at least <u>3</u> of each requested procedure for each anatomic location; independently perform the procedure <u>3</u> times under the direct observation of an appropriately privileged physician or a privileged NP or PA assigned by the physician(s) for each anatomic location. For renewal, participation in <u>3</u> or more of each procedure during the previous 12 month period. Requires separate fluoroscopy privileges.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repair nail bed lacerations	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repair of wounds of the deep fascia or muscle	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repair of wounds of the eyelids, nose, ear, face or lip	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closed reduction of fractures and dislocations	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mini C-Arm fluoroscopy for fracture & joint reduction and foreign body identification and removal	

Interventional Pulmonology:

Requested (Applicant)	To be completed by Department		Privilege	FPPE Requirements and Minimum Training and Experience
	Recommended approval (Service Chief)	Not recommended for approval (Service Chief)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assist in Interventional Pulmonology procedures within the OR, MPU, and/or inpatient unit.	ACLS, NRP or PALS certification required. New graduate NP or NP new to specialty will have a mentoring period that will include observation, assisting the supervising physician or NP, then demonstration of competency under direct supervision to be determined by the physician or NP or PA training the individual. A competency assessment will occur at the annual employee review by the supervising physician, using chart reviews or observational methods.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visual inspection of the airways by flexible bronchoscopy.	ACLS, NRP or PALS certification required. Supervised instruction in at least <u>5</u> of the requested procedure; independently perform the procedure <u>5</u> times under the direct observation of the physician or NP or PA training. Participation in <u>5</u> or more procedures during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chest tube insertion	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Talc or blood pleurodesis	Supervised instruction in at least 3 of each requested procedure for each anatomic location; independently perform the procedure 3 times under the direct observation of an appropriately privileged physician or a privileged NP or PA assigned by the physician(s) for each anatomic location. For renewal, participation in 3 or more of each procedure during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thoracentesis	ACLS, NRP or PALS certification required. Supervised instruction in at least 3 of each requested procedure for each anatomic location; independently perform the procedure 3 times under the direct observation of an appropriately privileged physician or a privileged NP or PA assigned by the physician(s) for each anatomic location. For renewal, participation in 3 or more of each procedure during the previous 12 month period.

Neurology and Neurosurgery:

Requested (Applicant)	To be completed by Department		Privilege	FPPE Requirements and Minimum Training & Experience
	Recommended approval (Service Chief)	Not recommended for approval (Service Chief)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Programming vagus nerve stimulator	Supervised instruction in at least 3 of each requested procedure; independently perform the procedure 3 times under the direct observation of an appropriately privileged physician or a privileged NP or PA assigned by the physician(s). For renewal, participation in 3 or more of each procedure during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aspiration of subgaleal collections	Supervised instruction in at least 3 of each requested procedure; independently perform the procedure 3 times under the direct observation of an appropriately privileged physician or a privileged NP or PA assigned by the physician(s). For renewal, participation in 3 or more of each procedure during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aspiration of subcutaneous reservoir for shunt system or tumor cyst	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sampling of cerebrospinal fluid from ventriculostomy, lumbar drain, or externalized shunt	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Programming or refilling of intravascular, intrathecal, or subcutaneous pumps	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventriculostomy maintenance and externalized shunt maintenance including dressing changes, line changes, line irrigations, and problem solving	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Removal of ventriculostomies and epidural catheters/lumbar drains	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Programming adjustable CSF shunts	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peripheral nerve biopsy	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nerve injections	Supervised instruction in at least 3 of each requested procedure for each anatomic location; independently perform the procedure 3 times under the direct observation of an appropriately privileged physician or a privileged NP or PA assigned by the physician(s) for each anatomic location. For renewal, participation in 3 or more of each procedure during the previous 12 month period.

Obstetrics and Gynecology:

Requested (Applicant)	To be completed by Department		Privilege	FPPE Requirements and Minimum Training & Experience
	Recommended approval (Service Chief)	Not recommended for approval (Service Chief)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Limited gynecologic and early pregnancy ultrasound for (a) identification of early intrauterine pregnancy up to 10 weeks gestation including verification of intrauterine location, gestational age dating, fetal number, and viability and (b) ovulation induction imaging including ovarian appearance, follicular number, size and location, and endometrial thickness.	Ultrasound instructional program meeting content criteria to perform first trimester pregnancy identification and gestational age dating as well as monitoring of ovaries for ovulation induction, followed by observation of at least 10 ultrasounds by OB/Gyn faculty or privileged advanced practice nurse or PA assigned by the physician(s). For renewal, participation in 10 or more of each procedure during a 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insertion and removal of hormonal contraceptive rods in the upper arm (e.g., Implanon), including administration of local anesthetic	Completion of FDA-approved instruction program on insertion and removal of device. For renewal, participation in 1 or more of each procedure during the recertifying cycle.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IUD insertion and removal	Supervised instruction in at least 3 of each requested procedure; independently perform the procedure 3 times under the direct observation of an appropriately privileged physician or a privileged NP or PA assigned by the physician(s). For renewal, participation in 3 or more of each procedure during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fitting diaphragms and cervical caps	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vulvoscopy	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Colposcopy	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaginoscopy	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Endometrial Biopsy	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vulvar biopsy	Supervised instruction in at least 2 of each requested procedure; independently perform the procedure 2 times under the direct observation of an appropriately privileged physician or a privileged NP or PA assigned by the physician(s). For renewal, participation in 2 or more of each procedure during the previous 12 month period.

Ophthalmology:

Requested (Applicant)	To be completed by Department		Privilege	FPPE Requirements and Minimum Training & Experience
	Recommended approval (Service Chief)	Not recommended for approval (Service Chief)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Administration of topical and local anesthesia including subcutaneous, peri, and retrobulbar blocks	Supervised instruction in at least <u>3</u> of each requested procedure; independently perform the procedure <u>3</u> times under the direct observation of an appropriately privileged physician or a privileged NP assigned by the physician. For renewal, participation in <u>3</u> or more of each procedure during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Examination of all aspects of eye using slit lamp, including diagnostic lenses	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Examination of the retina using indirect ophthalmoscopy	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foreign body removal: eye lids, fornix, conjunctiva, and cornea	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lacrimal drainage system assessment including irrigation, probing, dilation, and punctal occlusion	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Injection of Botox – cosmetic	Must complete Allergan training sessions; both didactic and hands-on. Supervised instruction in at least <u>3</u> procedures; independently perform the procedure <u>3</u> times under the direct observation of the physician or a privileged NP assigned by the physician(s). For renewal, participation in <u>3</u> or more procedures during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Injection of facial fillers (e.g., Restalyne and Juvaderm)	Must complete didactic and hands-on Allergan training course. Supervised instruction in at least <u>3</u> procedures; independently perform the procedure <u>3</u> times under the direct observation of the physician. For renewal, participation in <u>3</u> or more procedures during the previous 12 month period.

Oral and Maxillofacial Surgery:

Requested (Applicant)	To be completed by Department		Privilege	FPPE Requirements and Minimum Training & Experience
	Recommended approval (Service Chief)	Not recommended for approval (Service Chief)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intra-oral biopsy	Supervised instruction in at least <u>5</u> of each requested procedure for each anatomic location; independently perform the procedure <u>5</u> times under the direct observation of an appropriately privileged physician or a privileged NP or PA assigned by the physician(s). For renewal, participation in <u>5</u> or more of each procedure during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flexible Nasal Endoscopy	Supervised instruction in at least <u>5</u> of each requested procedure for each anatomic location; independently perform the procedure <u>5</u> times under the direct observation of an appropriately privileged physician or a privileged NP or PA assigned by the physician(s). For renewal, participation in <u>5</u> or more of each procedure during the previous 12 month period.

Orthopedic Surgery:

Requested (Applicant)	To be completed by Department		Privilege	FPPE Requirements and Minimum Training & Experience
	Recommended approval (Service Chief)	Not recommended for approval (Service Chief)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Injection of Carpal Tunnel and Extensor tendon compartments	Supervised instruction in at least <u>3</u> of each requested procedure for each anatomic location; independently perform the procedure <u>3</u> times under the direct observation of an appropriately privileged physician or a privileged NP or PA assigned by the physician(s) for each anatomic location. For renewal, participation in <u>3</u> or more of each procedure during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Remove and/or adjust halo traction	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closed reduction of fractures and dislocations	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management of periprosthetic fractures and other complicated fractures	

Otolaryngology:

Requested (Applicant)	To be completed by Department		Privilege	FPPE Requirements and Minimum Training & Experience
	Recommended approval (Service Chief)	Not recommended for approval (Service Chief)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use otological microscope to remove cerumen, suction otorrhea and remove extruded tympanostomy tubes	Supervised instruction in at least 3 of each requested procedure for each anatomic location; independently perform the procedure 3 times under the direct observation of an appropriately privileged physician or a privileged NP or PA assigned by the physician(s). For renewal, participation in 3 or more of each procedure during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform airway assessments and fit standard and custom tracheostomy tubes on established tracheostomy patients	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform nasal cautery and cautery of tracheal granulation tissue	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Removal of foreign bodies from the nose or ear	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lingual frenectomy	

Pediatric Surgery:

Requested (Applicant)	To be completed by Department		Privilege	FPPE Requirements and Minimum Training & Experience
	Recommended approval (Service Chief)	Not recommended for approval (Service Chief)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suction rectal biopsy	Supervised instruction in at least 2 of requested procedure; independently perform the procedure 2 times under the direct observation of an appropriately privileged physician or a privileged NP or PA assigned by the physician. For renewal, participation in 2 or more of each procedure during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rectal dilation	Supervised instruction in at least 2 of requested procedure; independently perform the procedure 2 times under the direct observation of an appropriately privileged physician or a privileged NP or PA assigned by the physician. For renewal, participation in 2 or more of each procedure during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rectal washout	Supervised instruction in at least 2 of requested procedure; independently perform the procedure 2 times under the direct observation of an appropriately privileged physician or a privileged NP or PA assigned by the physician. For renewal, participation in 2 or more of each procedure during the previous 12 month period.

PM&R:

Requested (Applicant)	To be completed by Department		Privilege	FPPE Requirements and Minimum Training & Experience
	Recommended approval (Service Chief)	Not recommended for approval (Service Chief)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Botulinum toxin injections for Migraine treatment	Must complete a manufacturer(s) correlation course that includes didactic and hands-on training. Supervised instruction in at least 5 procedures; independently perform the procedure 5 times under the direct observation of the physician. For renewal, participation in 5 or more procedures during the previous 12 month period.

Urology:

Requested (Applicant)	To be completed by Department		Privilege	FPPE Requirements and Minimum Training & Experience
	Recommended approval (Service Chief)	Not recommended for approval (Service Chief)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fluorodynamic Studies (FUDS) (Must also have fluoroscopy privileges)	Supervised instruction in at least 3 of each requested procedure for each anatomic location; independently perform the procedure 3 times under the direct observation of an appropriately privileged physician or a privileged NP or PA assigned by the physician(s). For renewal, participation in 3 or more of each procedure during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cystometrogram (CMG), retrograde urethrogram and cystogram	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Penile Doppler studies	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Penile blocks and injections	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rigiscan interpretation	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Removal of tubes, including JP tubes from the abdomen, kidney and groin, percutaneous nephrostomy tubes and other surgical drainage tubes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Penile blood drainage management, including removal of Vacutainer collection	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Continuous bladder irrigation initiation and management	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urinary catheter irrigations for clots	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spermatic cord block	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform peripheral nerve evaluation/stimulation	Supervised instruction in at least 3 of each requested procedure for each anatomic location; independently perform the procedure 3 times under the direct observation of an appropriately privileged physician or a privileged NP or PA assigned by the physician(s). For renewal, participation in 3 or more of each procedure during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pessary fitting	

SPECIAL PRIVILEGES

A separate application is required to **APPLY** or **REAPPLY** for the following Special Privileges:
▶ **FLUOROSCOPY**
▶ **HYPERBARIC OXYGEN THERAPY**
▶ **SEDATION PRIVILEGES FOR A NON-ANESTHESIOLOGIST**
PLEASE go to URL: www.med.umich.edu/i/oca for instructions, or contact your Clinical Department Representative.

TO BE COMPLETED BY APPLICANT:

I authorize and release from liability, any hospital, licensing board, certification board, individual or institution who in good faith and without malice, provides necessary information for the verification of my professional credentials to the Medical Staff of Michigan Medicine.

Applicant Signature: _____ Date: _____

DEPARTMENT ACTION:

Approval: _____ As Requested _____ As Modified

Explain any modifications:

ACKNOWLEDGMENT OF DELEGATING PHYSICIAN(S): The above-named practitioner shall work in collaboration with physicians in the exercise of clinical privileges, including those privileges exercised pursuant to delegation and supervision. I believe the above-named practitioner is competent and qualified to perform the requested privileges. Consistent with MCL 333.17409(5), I am signing on behalf of the group of physicians privileged in this clinical department/service.

I have reviewed and/or discussed the privileges requested and find them to be commensurate with his/her training and experience, and recommend that his/her application proceed.

Justification for approval is based on careful review of the applicant’s education, postgraduate clinical training, demonstrated clinical proficiency and Board Certification or qualifications to sit for the Boards.

Supervising Physician:	_____ Signature	_____ Date
	_____ Print Name	
Department Chair:	_____ Signature	_____ Date
	_____ Print Name	
Service Chief:	_____ Signature	_____ Date
	_____ Print Name	