

DELINEATION OF PRIVILEGES and PRACTICE AGREEMENT
Physician Assistant
Medical

Applicant's Full Name	Michigan License Number
Name of Primary Participating Physician:	
Primary Service:	

Physician Assistants are licensed in the state of Michigan pursuant to Article 15, Part 170 of the Public Health Code. A Physician Assistant shall not engage in the practice as a Physician Assistant except under the terms of a practice agreement, in accordance with the Michigan Public Health Code (1978, PA 368). Physician Assistants may practice medicine with a participating physician with whom the Physician Assistant has a practice agreement. The practice of medicine includes diagnosis, treatment, prevention, cure, or relieving of a human disease, ailment, defect, complaint, or other physical or mental condition, by attendance, advice, device, diagnostic test, or other means, or offering, undertaking, attempting to do, or holding oneself out as able to do, any of these acts. The Physician Assistant must be qualified to perform by education, training, or experience and within the scope of the license held by the Physician Assistant or participating physician duties and responsibilities within the practice agreement. Within the physician-PA relationship and under a practice agreement, the physician assistant exercises autonomy in medical decision making and provides a broad range of diagnostic and therapeutic services. Michigan Medicine recognizes that the full scope of PA function will vary with education, training and experience.

Michigan Medicine recognizes a set of core privileges that a PA may perform that is not individualized by specialty. Michigan Medicine expects and the PA is required to exercise only those core privileges and procedures that are within the physician assistant's and participating physician's scope of practice and clinical privileges, and that are age and experience appropriate.

In addition to the core privileges, specialty procedures may be requested. Michigan Medicine expects that only those privileges necessary to carry out the PA's function will be requested by the PA and recommended for approval by the department. Michigan Medicine will not approve privileges for which the PA has had training but which are not expected to be part of the scope of practice at Michigan Medicine. If a physician assistant is requesting privileges in more than one department, he/she should submit separate privileging documents to differentiate the participating physician(s) and roles/responsibilities pertaining to each area of practice.

Minimum Qualifications:

- Satisfactory completion of a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), or one of its predecessor agencies, CAHEA or CAAHEP.
- Current certification by the National Commission on Certification for Physician Assistants (NCCPA) is required.
- Possession of a current permanent license to practice as a Physician Assistant in the State of Michigan is required.
- ACLS, PALS, or NRP Certification (as required by services requested in Level II Supplemental Privileges).

Physician Oversight:

- Participating Physicians must be members in good standing of Michigan Medicine Medical Staff.
- **Any change in primary participating Physician must be reported to Medical Staff Services.**
- The primary participating physician listed above (or an alternate physician designated by that physician) must be continuously available in person or by direct telecommunication to the physician assistant to ensure appropriate physician consultation is available to the physician assistant at all times that the physician assistant is engaged in clinical activities.
- The State of Michigan requires an alternate physician for consultation in situations in which the primary participating physician is not available for consultation.

Prohibited functions:

A Physician Assistant shall not:

- Undertake or represent that he/she is qualified to undertake provision of medical care services that he/she knows to be outside his/her competence or is prohibited by law (MCL 333.17074).
- Perform any activity that is outside the scope of practice/privileges of his or her participating physician as approved by Michigan Medicine.
- Perform an abortion (MCL 333.17015).
- Prescribe any medication designed for and expressly prepared for producing an abortion or prescribe any medication with the intention of causing fetal death (MCL 750.15 and R338.2304).

- Assist with a partial birth abortion unless necessary to save the life of a pregnant woman whose life is endangered by a physical disorder, physical illness, or physical injury and that no other medical procedure will accomplish that purpose (MCL 333.17016(2) and MCL 333.2843(2)).
- Perform acts, tasks, or functions to determine the refractive state of a human eye or to treat refractive anomalies of the human eye (MCL 333.17074)*.
- Determine the spectacle or contact lens prescription specifications required to treat refractive anomalies of the human eye, or determine modification of spectacle or contact lens prescription specifications (MCL 333.17074)*.

*Please note that MCL 333.17074(3) permits PAs to perform routine visual screening or testing, postoperative care, or assistance in the care of medical disease of the eye under the supervision of a physician.

Instructions: Strike out any Core Privilege not requested or performed.

LEVEL I CORE PRIVILEGES

Privileges:

Core Privileges for Physician Assistants includes the admission, diagnostic evaluation, consultation and treatment of patients of all ages as established in this practice agreement. This will include diagnosing, managing and treating 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
- 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
- Developing and implementing treatment plans
- Monitoring the effectiveness of therapeutic interventions
- Authorized prescribing for non-controlled substances. Administering follow up care to patients and assisting in the referral to various internal and external facilities.
- 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, cardioversion (BLS required)
- Ordering restraints or seclusion in the hospital setting
- Ordering rehabilitation including occupational and physical therapy
- Ordering durable medical equipment

Core privileges for Physician Assistants also includes the performance of diagnostic and therapeutic procedures including but not limited to the following, as appropriate to current role for which privileges are being requested:

- Insertion and removal of nasogastric or feeding tubes
- Insertion and removal of bladder catheters
- Provision of appropriate wound care including but not limited to suturing, stapling, removal of sutures or staples, and wound debridement when indicated
- Incision and drainage
- Performing minor surgical procedures as appropriate to area of practice including but not limited to excision of skin and subcutaneous lesions; shave, punch or excisional skin biopsy; fingernail/toenail removal; superficial cryotherapy
- Provision of appropriate burn care
- Removal of superficial cutaneous, otic, nasal foreign body
- Cerumen removal
- Placement of ear wick
- Removal of chest tubes, pigtail catheters, anterior nasal packing/splints, arterial or central venous lines, surgical packing and drains as appropriate to area of practice
- Tracheostomy care including tube change
- Administration of injections
- Venipuncture, arterial puncture
- Application, management, and removal of casts or splints to body and extremities
- Performing gastric lavage
- Aspiration/injection of superficial cysts or seromas
- Management of anterior epistaxis
- Fracture/dislocation management (excluding reduction)
- Thrombosed hemorrhoid management including incision and drainage
- Administration of peripheral regional block anesthesia

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)**

ADDITIONAL LEVEL I CORE PRIVILEGES FOR CONTROLLED SUBSTANCE PRESCRIBING

The participating physician and the physician assistant agree to comply with State and Federal Laws regarding the prescription of drugs, including controlled substances included in schedules 2-5, and recognize the education, training, and experience in determining the prescriptive responsibilities of the physician assistant. Current DEA registration and State of Michigan controlled substance license (CSL) is required. (NOTE: if you do not need this Core Privilege, please complete the Controlled Substance Waiver form.)

- Requested (Applicant)** **Recommended approval (Service Chief)**

LEVEL II SUPPLEMENTAL PRIVILEGES (not included in Physician Assistant Core)

Additional privileges not included in Core Privileges for Physician Assistants will include the performance of diagnostic and therapeutic procedures as appropriate to current role for which privileges are being requested. Physician Assistants 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.

Physician Assistant: General Procedures

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"/>	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 the physician or PA training. 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"/>	Colposcopy	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 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"/>	Fine needle aspirates	
<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"/>	Soft tissue fluid aspirations	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trigger point injections	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uncomplicated circumcisions using Plastibell device, including penile block and release of adhesions.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vulvoscopy	

Physician Assistant: General Procedures (CONTINUE)

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"/>	Joint or bursa aspiration/injection	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 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"/>	Nerve Injections	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Injection of a sclerosing agent or Foam sclerosing agent into a varicose or spider vein	Supervised instruction in at least 10 of the requested procedure; independently perform the procedure 10 times under the direct observation of the physician or PA training. Participation in 10 or more procedures during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Endotracheal intubation/extubation	ACLS or PALS 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 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"/>	Paracentesis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thoracentesis	
<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.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chest tube insertion	ACLS or PALS required. Supervised instruction in at least 5 of the requested procedure; independently perform the procedure 5 times under the direct observation of the physician or PA training. Participation in 5 or more procedures during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insertion of arterial lines or central venous lines, either percutaneously or by cut down.	

Cardiology:

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 invasive cardiology including pacemaker insertions, cardiac catheterization, PTCA	ACLS or PALS required. New graduate PA or PA new to specialty will have a mentoring period that will include observation, assisting the supervising physician or PA, then demonstration of competency under direct supervision to be determined by the physician 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"/>	Perform Automatic Implantable Cardioverter Defibrillator checks	ACLS or PALS required. 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 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 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	

Emergency Medicine:

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"/>	Removal of corneal foreign body	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 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"/>	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	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 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.

Emergency Medicine (CONTINUED):

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"/>	Mini C-Arm fluoroscopy for fracture & joint reduction and foreign body identification and removal.	Requires separate fluoroscopy privileges.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Critical Care Medicine in Emergency Critical Care Center (please see General Procedures above for specific procedures)	Completion of the FCCS course and approval of the Service Chief or Lead PA. Minimum of 3 proctored shifts. See General Procedures for specific FPPE and renewal criteria based on procedures performed within this unit.

Hematology/Oncology:

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"/>	Intrathecal injection of chemotherapy by lumbar puncture, as ordered by an authorized attending physician.	Acknowledgment of reading and adherence to policy UMHHC Policy 07-01-010: Chemotherapy at UMHHC. Requires chemotherapy privileges, described above.
<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 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 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"/>	Bone marrow biopsy or harvest	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 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"/>	Bone marrow infusion or transplant	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Talc or blood pleurodesis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breast ductal lavage	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suprapubic Bladder Aspiration	

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 or PALS required. New graduate PA or PA new to specialty will have a mentoring period that will include observation, assisting the supervising physician, NP or PA, then demonstration of competency under direct supervision to be determined by the physician 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 or PALS 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, 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, privileged NP, or a privileged 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 or PALS 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, privileged NP or a privileged 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.

Neonatal:

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"/>	Neonatal PICC line placement	NRP certification required. Initial: Supervised performance of the procedure 3 times under the direct observation of an appropriately privileged physician or a privileged NP or PA assigned by the physician. Renewal: Participation in 3 or more of each procedure or procedural review (simulation or review of didactic) during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suprapubic Bladder Aspiration	

Neonatal: (CONTINUED)

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"/>	Neonatal endotracheal intubation & extubation	NRP certification required. Initial: Supervised performance of the procedure 3 times under the direct observation of an appropriately privileged physician or a privileged NP or PA assigned by the physician. Renewal: Participation in 3 or more of each procedure during the previous 12 month period.
<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.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Umbilical artery and vein catheterization	NRP certification required. Initial: Supervised performance of the procedure 3 times under the direct observation of an appropriately privileged physician or a privileged NP or PA assigned by the physician. Renewal: Participation in 3 or more of each procedure or procedural review (simulation or review of didactic) during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neonatal peripheral arterial line placement	NRP certification required. Initial: Supervised performance of at least 3 of each procedure under the direct observation of an appropriately privileged physician or a privileged NP or PA assigned by the physician. Renewal: Participation in 3 or more of each procedure or procedural review (simulation or review of didactic) during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neonatal ventricular reservoir tap	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neonatal - Needle aspiration of pneumothorax	NRP certification required. Initial: Procedural review, review of didactic and/or simulation. Renewal: Performance of at least 1 procedure or procedural review (simulation or review of didactic) during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manage neonatal resuscitation measures	NRP certification required. Initial: Perform the procedure 3 times under the direct observation of an appropriately privileged physician or a privileged NP or PA assigned by the physician. Renewal: Participation in 1 or more of each procedure or procedural review (simulation or review of didactic) during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paracentesis	NRP certification required.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thoracentesis	Initial: Perform the procedure 3 times under the direct observation of an appropriately privileged physician or a privileged NP or PA assigned by the physician. Renewal: Participation in 1 or more of each procedure or procedural review (simulation or review of didactic) 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"/>	Lumbar puncture	

Nephrology:

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"/>	Placement of non-tunneled central catheters for the purpose of either hemodialysis or hemofiltration	ACLS or PALS 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 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"/>	Removal of non-tunneled dialysis central catheters	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Renal Allograft Biopsies of native or transplant kidney	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Placement and removal of tunneled catheters including dialysis catheter and hickmans/ boviac type catheters	ACLS or PALS required. Supervised instruction in at least <u>5</u> of each requested procedure; independently perform the procedure <u>5</u> times under the direct observation of the physician or a privileged 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"/>	Placement and removal of tunneled catheter with reservoir (i.e. mediports)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Placement of Tenckhoff catheters, including but not limited to use of CO ₂ insufflation and peritoneoscope to guide placement	ACLS or PALS required. Supervised instruction in at least <u>5</u> of each requested procedure; independently perform the procedure <u>5</u> times under the direct observation of the physician or a privileged 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"/>	Use of intravascular procedures (i.e. Angioplasty, thrombectomy, ligations, placement of stents, etc) for dialysis graft/fistula for purpose of obtaining and /or maintaining dialysis access	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ultrasound guided placement of PICC and mid-line catheters	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform image-guided procedures such as but not limited to aspiration of fluid collection, drainage of fluid collection, paracentesis, thoracentesis and biopsy	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ultrasound for the purpose of evaluation of dialysis grafts/ fistulas and vein mapping	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bone biopsy for the diagnosis of dialysis related bone disease	

Neurology:

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"/>	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"/>	Programming adjustable CSF shunts	
<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"/>	Sampling of cerebrospinal fluid from ventriculostomy, lumbar drain, or externalized shunt	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"/>	Removal of ventriculostomies and epidural catheters/lumbar drains	
<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	

Physical Medicine and Rehabilitation:

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.

SPECIAL PRIVILEGES

A separate application is required to apply or reapply for the following Special Privileges:

- Fluoroscopy (RADI-10100 Fluoroscopy Privileging)
- Hyperbaric Oxygen Therapy
- Laser (OPER-1011 Laser Privileging)
- Sedation Analgesia (ANES-28048 Moderate Sedation, ANES-20023 Deep Sedation)

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.

This practice agreement may be terminated at any time by the participating physician or PA by providing written notice to the other party at least thirty (30) days before the date of termination.

My signature below signifies that I fully understand the forgoing practice agreement and agree to comply with its terms without reservations.

Applicant:

Signature

Date

Print Name

DEPARTMENT ACTION:

Approval: _____ As Requested _____ As Modified

Explain any modifications:

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.

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 that above-named practitioner is competent and qualified by education, training, and experience 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 agree to be continuously available in person or by direct telecommunication to the physician assistant or to ensure appropriate physician consultation is available to the physician assistant at all times that the physician assistant is engaged in clinical activities.

This practice agreement may be terminated at any time by the participating physician or PA by providing written notice to the other party at least thirty (30) days before the date of termination.

My signature below signifies that I fully understand the forgoing practice agreement and agree to comply with its terms without reservations.

**Participating
Physician:**

Signature

Date

Print Name

Service Chief:

Signature

Date

Print Name

Department Chair:

Signature

Date

Print Name