

APP PRIVILEGES IN DERMATOLOGY

Name:

Instructions:

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. Uncheck any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.
5. As the Supervising Physician I have reviewed and agree to the Collaborative Practice Agreement by signing this privilege form. The Collaborative Practice Agreement can be found [here](#).

Required Qualifications

Education/Training	Successful completion of a PA or NP program
Licensure (Initial and Reappointment)	Current Licensure as a PA or RN in the state of CA Current certification as a NP in the state of California
Certification (Initial and Reappointment)	Current certification as a PA or NP by a nationally accredited organization
Additional Qualifications (Initial and Reappointment)	Current BLS from the American Heart Association
Renewal Criteria	Maintenance of all the above qualifications.

FPPE FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS.

Definitions

"General Supervision" means the definition specified at 42 CFR 410.32(b)(3)(i), that is, the procedure or service is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure.

"Personal Supervision" means the definition specified at 42 CFR 410.32(b)(3)(iii), that is, the physician must be in attendance in the room during the performance of the service or procedure.

"Direct Supervision" means that the physician or nonphysician practitioner must be present on the same campus where the services are being furnished. For services furnished in an off-campus provider based department as defined in 42 CFR 413.65, he or she must be present within the off-campus provider based department. The physician or nonphysician practitioner must be immediately available to furnish assistance and direction throughout the performance of the procedure. The physician or nonphysician practitioner does not have to be present in the room when the procedure is performed.

Patient Population

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Physician	Service Chief/Designee
	Patient Population		
	Infant		
	Pediatric		
	Adolescent		
	Adult		
	Geriatric		
	Setting		
	Outpatient		
	Inpatient		

Core Privileges - PHYSICIAN ASSISTANT (PA)

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Physician	Service Chief/Designee
General Supervision			
	Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty		
	Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new and return patients		
	Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient		
	Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products		
	Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services		
	Performs designated procedures after demonstrated competency, according to written standardized procedures where applicable		
	Obtains informed consent, as indicated		
	Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork		
	Provides and coordinates patient teaching and counseling		
	<p>MEDICATIONS Administer, order, furnish or prescribe drugs and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence, professional judgment and policies of SHC. see Standardized Procedure: Administering, Ordering, Furnishing or Prescribing of Drugs; Formulary Protocol [CRITERIA - Must meet core criteria plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V) (DEA exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core)]</p>		
	<p>CONTROLLED MEDICATIONS OUTPATIENT PRESCRIPTION Administer, dispense and prescribe legend drugs in outpatient setting including narcotics and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence and professional judgment [CRITERIA - Must meet core criteria plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V)] (DEA exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core) Proof of completion of a one-time controlled substance education course approved by the California Physician Assistant Board]</p>		

Qualifications

Renewal Criteria Minimum of 22 core cases required during the past two years.

FPPE - Area is managed by Medical Staff Office. Please make NO selections

Core - PHYSICIAN ASSISTANT (PA) DERMATOLOGY

Core Privileges - NURSE PRACTITIONER (NP)

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Physician	Service Chief/Designee
General Supervision			
	Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty, according to written standardized procedures		
	Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new and return patients, according to written standardized procedures		
	Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient, according to written standardized procedures		
	Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products		
	Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services		
	Performs designated procedures according to written standardized procedures where applicable		
	Obtains informed consent, as indicated		
	Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork		
	<p>MEDICATIONS Administer, order, furnish or prescribe drugs and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence, professional judgment and policies of SHC. see Standardized Procedure: Administering, Ordering, Furnishing or Prescribing of Drugs; Formulary Protocol [CRITERIA - Must meet core criteria plus: Current individual DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V) and Current Furnishing Licensure in the State of California (DEA and Furnishing Licensure exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core)]</p>		
	<p>CONTROLLED MEDICATIONS OUTPATIENT PRESCRIPTION Administer, dispense and prescribe legend drugs in outpatient setting including narcotics and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence and professional judgment [CRITERIA - Must meet core criteria plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V) and Current Furnishing Licensure in the State of California (DEA exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core)]</p>		

Qualifications

Renewal Criteria Minimum of 22 core cases required during the past two years.

FPPE - Area is managed by Medical Staff Office. Please make NO selections

Core - NURSE PRACTITIONER (NP) DERMATOLOGY

Standardized Protocols/Standardized Procedures

Description: (requires selection of a core professional role above)

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Physician	Service Chief/Designee
(requires selection of a core professional role above)			
General Supervision			
	ADMINISTRATION OF MODERATE SEDATION [CRITERIA - In accordance with SHC Moderate Sedation policy and completion of the SHC sedation exam every two years. Renewal Criteria - Minimum 6 cases required during the past two years]		
	MEDICATIONS - INDEPENDENT CHEMOTHERAPY ORDERING [CRITERIA - New hire APP's are not eligible for this privilege. In order to apply for this privilege, the APP must complete a minimum of one year of ordering of chemotherapy/biotherapy with co-signature. The one year supervision requirement may be waived by the attending MD if the APP is experienced in chemotherapy/biotherapy. The APP must hold a current ONS/ONCC Chemotherapy/Biotherapy certificate OR ASCO Chemotherapy certificate which must be renewed every 2 years. As of September 1, 2023 ONS certificate will not be accepted and ONLY ASCO Chemotherapy certificate will be accepted. For APPs providing services primarily at Stanford Children's Health, the Association of Pediatric Hematology/Oncology Nurses (APHON) certification equivalence will be accepted. Minimum 10 cases required during past two years.]		
Personal Supervision			
	FIRST ASSISTANT [CRITERIA - Initial - Successful completion of an accredited RNFA course -OR- Concurrent enrollment in an accredited RNFA course with the attending surgeon as primary preceptor with completion of clinical practicum within 12 months of didactic course completion -OR- Completion of a First Assistant course with clinical practicum completion as evidenced by a certificate of completion -OR- Evidence from another hospital or organization where privileges were granted to assist in the OR -OR- Board Certification as a Physician Assistant. Renewal - Minimum 20 cases required during the past 2 years.]		

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- Administration of Moderate Sedation - (Chart Review)
- Administration of Moderate Sedation - (Direct Observation)
- Medications - Independent Chemotherapy - (Chart Review)
- First Assist - (Chart Review)
- First Assist - (Direct Observation)

Division

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Physician	Service Chief/Designee
	(Select division which corresponds to your Supervising Physician)		
	DERMATOLOGY		
	DERMATOLOGY ONCOLOGY - ONS or ASCO Chemotherapy certification required within one year of hire. The ONS or ASCO chemotherapy certification must be renewed every 2 years. As of September 1, 2023 ONS certificate will not be accepted and ONLY ASCO Chemotherapy certificate will be accepted.		
	CUTANEOUS ONCOLOGY - ONS or ASCO Chemotherapy certification required within one year of hire. The ONS or ASCO chemotherapy certification must be renewed every 2 years. As of September 1, 2023 ONS certificate will not be accepted and ONLY ASCO Chemotherapy certificate will be accepted.		

Standardized Protocols/Standardized Procedures

Request	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician	Service Chief/Designee
	(requires selection of a core professional role above)		
	General Supervision		
	Aspiration Of Superficial Fluids Collection [CRITERIA - Minimum 6 cases required]		
	Cryotherapy [CRITERIA - Minimum 6 cases required]		
	Chemical Peel [CRITERIA - Minimum 6 cases required]		
	Cutaneous Injections [CRITERIA - Minimum 6 cases required]		
	Incision & Drainage: Pilonidal Cyst [CRITERIA - Minimum 6 cases required]		
	Incision & Drainage: Subcutaneous Abscess [CRITERIA - Minimum 6 cases required]		
	Injection Of Dermal Fillers [CRITERIA - Minimum 10 cases required]		
	Intralesion Steroid Injections [CRITERIA - Minimum 6 cases required]		
	Laser Procedures [CRITERIA - Minimum 20 cases required]		
	Neurotoxin Injection [CRITERIA - Minimum 10 cases required]		
	Photodynamic Therapy [CRITERIA - Minimum 6 cases required]		
	Punch Biopsy [CRITERIA - Minimum 6 cases required]		
	Shave Biopsy [CRITERIA - Minimum 6 cases required]		
	Wound Clousure (Simple) [CRITERIA - Minimum 6 cases required]		

Qualifications

Initial Criteria Must Also Meet the Core Criteria for Standardized Protocols/Standardized Procedures

Renewal Criteria Criteria noted above for each privilege

FPPE - Area is managed by Medical Staff Office. Please make NO selections

- Aspiration Of Superficial Fluids Collection- (Chart Review)
- Aspiration Of Superficial Fluids Collection - (Direct Observation)
- Cryotherapy - (Chart Review)
- Cryotherapy - (Direct Observation)
- Chemical Peel - (Chart Review)
- Chemical Peel - (Direct Observation)
- Cutaneous Injection - (Chart Review)
- Cutaneous Injection - (Direct Observation)
- Incision & Drainage: Pilonidal Cyst - (Chart Review)
- Incision & Drainage: Pilonidal Cyst - (Direct Observation)
- Incision & Drainage: Subcutaneous Abscess - (Chart Review)
- Incision & Drainage: Subcutaneous Abscess - (Direct Observation)
- Injection of Dermal Fillers - (Chart Review)
- Injection of Dermal Fillers - (Direct Observation)
- Intralesion Steroid Injections - (Chart Review)
- Intralesion Steroid Injections - (Direct Observation)
- Laser Procedures - (Chart Review)

- Laser Procedures - (Direct Observation)
- Neurotoxin Injection - (Chart Review)
- Neurotoxin Injection - (Direct Observation)
- Photodynamic Therapy - (Chart Review)
- Photodynamic Therapy - (Direct Observation)
- Punch Biopsy - (Chart Review)
- Punch Biopsy - (Direct Observation)
- Shave Biopsy - (Chart Review)
- Shave Biopsy - (Direct Observation)
- Wound Closure (Simple) - (Chart Review)
- Wound Closure (Simple) - (Direct Observation)

Acknowledgment of Applicant

I have requested only those privileges for which, by education, training and experience I am qualified to perform under the supervision of an attending physician, and that I wish to exercise at Stanford Hospital & Clinics.

I attest that I have met all of the required criteria and will meet all competency requirements for each standardized protocol and/or standardized procedure that I have requested.

I also attest that I will adhere to the guidelines of the SHC Job Description appropriate to my professional role as well as all standardized protocols and/or standardized procedures that I have requested.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this privilege request _____ Date _____

Service Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

Service Chief Recommendation - Proctoring Requirements

Supervising Physician - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request

Date

Service Chief - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request

Date