

# MALPRACTICE AND PRIVILEGES QUESTIONNAIRE

For use of this form, see AR 40-68; the proponent agency is OTSG

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

**Authority:** Title 5, United States Code (USC), Sections 3109 and 3301. *(Title 5, USC, Section 552a)*  
**Principal Purpose:** To obtain U.S. Civil Service appointment.  
**Routine Uses:** Basis for determination of qualifications and background information for the eligibility for appointment. Basis for credentialing health care providers.  
**Disclosure:** Disclosure of information requested is voluntary. However, failure to provide the required information will result in nonacceptability of the application.

The policy of the Army is to screen, verify and validate statements, assertions and documents of all applicants for health care provider positions. As part of this process, please complete the following statements *(as applicable to your profession)*.

1. NAME OF INDIVIDUAL		2. SOCIAL SECURITY NO. (SSN)	
HAVE (YES)	HAVE NOT/(NO)	3. Had medical liability claims, settlements, judicial or administrative adjudications, or any other resolved or open charges of inappropriate, unethical, unprofessional or substandard professional practice. <i>(If affirmative explain each incident in item 13 below.)</i>	
		4. I am licensed/registered/certified by the authority named in item 13 below. <i>(List all current and past licensures held (include issue and expiration date). Explain the circumstances surrounding the suspension or revocation of licensure previously held.)</i>	
		5. Had my professional license denied, withdrawn, or restricted by a state or local licensing board or other authority. <i>(If affirmative, give organization name, address, and dates involved in item 13 below.)</i> (Voluntarily/Unvoluntarily)	
		6. Had professional privileges denied, withdrawn, or restricted by a health care facility. <i>(If affirmative, give the organization name, address, and dates involved in item 13 below.)</i> (Voluntarily/Unvoluntarily)	
		7. Resigned or otherwise disassociated myself from employment or practice after being notified of intent to start action against me for failure to properly accomplish my professional responsibilities. <i>(If affirmative, give the organization name, address and dates involved in item 13 below.)</i>	
		8. Are you now or have you ever been required to appear before any medical or state regulating authority, regardless of the result, concerning your status as an impaired, hindered, or otherwise restricted practitioner? <i>(If affirmative, give brief explanation in item 13 below.)</i>	
		9. Had a history of drug or alcohol abuse or misuse. <i>(If affirmative, explain in item 13 below.)</i>	
		10. Do you have any disease or impairment which would make your employment a hazard to yourself or others? <i>(If affirmative, please list in item 13 below. In addition, please provide a brief description of your health status.)</i> (Relative to privileges requested)	
		11. I hereby authorize the U.S. Army to contact my current and previous malpractice carrier/licensing organizations for the purpose of verifying the above information.	
		11a. CARRIERS <i>(Name and Address current and previous)</i>	11c. LICENSING ORGANIZATION <i>(Name and Address current and previous)</i>
		11b. POLICY NO	
		12. I hereby authorize the U.S. Army to contact the following institution(s) for the purpose of verifying the status of my current professional privileges:	
		12a. ORGANIZATION <i>(Name and Address)</i>	12b. DATE(S)

13. CLARIFICATIONS, EXPLANATIONS, ETC., REGARDING ITEMS 3-10 ABOVE *(Identify by appropriate item number.) (Continue on reverse side if necessary.)*

14 Have you ever been charged with a felony or been a defendant in a felony case?  Yes  No If yes, explain on reverse.

15 Do you have a DEA number?  Yes  No. If yes, DEA number \_\_\_\_\_

14a. TYPED/PRINTED NAME OF APPLICANT	14b. SIGNATURE OF APPLICANT	14c. DATE
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<b>DELINEATION OF PRIVILEGES</b> <small>For use of this form, see AR 40-68; the proponent agency is OTSG                      (DA Form 5440A-R Must be Completed and Attached to This Form)</small>	1. SPECIALTY OPHTHALMOLOGY			
2. REQUESTED BY Signature:	3. DATE			
4. PRIVILEGES Assignment of clinical privileges will be based on education, clinical training, experience, and demonstrated competence.	5. RECOMMENDATIONS BY DEPT./SVS. CHIEF			
	APPROVED WITHOUT LIMITATION	APPROVED REQUIRES QUAL. SUPRV	APPROVED WITH MODIFICATIONS	NOT APPROVED
<p>Definition. The examination, diagnosis and treatment, or, prescription of a course of treatment, for patients with diseases, injuries, or disorders of the eyes and/or ocular adnexal with preoperative, operative and post-operative care of patients requiring surgery of the eyes and/or ocular adnexal to include pertinent ancillary surgical procedures.</p> <p>Example List. The following list of diagnostic and therapeutic modalities exemplifies the various areas of the specialty, but is neither inclusive nor exclusive.</p> <p>1. Operations. All surgical procedures associated with the practice of Ophthalmology to include operations on eyelids, lacrimal apparatus, conjunctiva, canthus, ocular muscles, levator palpebrae, cornea, sclera, orbit, iris, ciliary body, lens (cataract extraction, placement of intraocular lenses), anterior chamber, vitreous and retina. Laser surgery of any anterior chamber, vitreous and retina. Laser surgery of any part of the eye or adnexa, with Argon/Krypton and YAG lasers.</p> <p>2. Non-operative Therapy. Prescription of medications affecting ocular function for diagnostic and/or therapeutic purposes; evaluation and prescription of contact and/or corrective lenses.</p> <p>3. Diagnostic Tests. Administration and interpretation of test for visual fields, visual acuity, color vision, tonometry, A and B scan, ultrasonography, lacrimal excretory system functions, gonioscopy, keratometry, electroretinography, electrooculography and diagnostic paracenteses of the anterior and posterior chambers.</p> <p>4. Privileges to perform primary anesthesia of more complexity than other infiltration field blocks.</p> <p>a. Retrobulbar block</p> <p>b. Nadbath block</p> <p>c. Peripheral nerve block of the face</p> <p>d. Periocular anesthesia</p>				

<b>DELINEATION OF PRIVILEGES</b> <small>For use of this form, see AR 40-68; the proponent agency is OTSG (DA Form 5440A-R Must be Completed and Attached to this Form)</small>		1. SPECIALTY			
2. REQUESTED BY Signature:		UROLOGY			
		3. DATE			
4. PRIVILEGES		5. RECOMMENDATIONS BY DEPT./SVS CHIEF			
Assignment of clinical privileges will be based on education, clinical training, experience, and demonstrated competence.		APPROVED WITHOUT LIMITATION	APPROVED REQUIRES QUAL SUPRV.	APPROVED WITH MODIFI-CATIONS	NOT APPROVED

Urology privileges are divided into four major categories:

**CATEGORY I** - Privileges in this category are for uncomplicated urology illness or problems which present no serious threat to life. When doubt exists as to the diagnosis or in cases in which improvement from treatment is not soon apparent, consultation will be sought.

Category I privileges may be granted to physicians without formal urology training based on documented evidence that such privileges have been previously and successfully exercised.

**CATEGORY II** - Privileges in this category include those in category I plus specific urology conditions and procedures of increased scope and complexity that may require general or conductive anesthesia, but which do not constitute an immediate or serious threat to life. Practitioners with these privileges are expected to request consultation where expected improvement is not soon apparent and when specialized therapeutic or diagnostic techniques are indicated.

Category II privileges may be granted to those practitioners who have satisfactorily complete at least one year post-internship formal training in urology or whose skills have been gained and maintained through experience.

**CATEGORY III** - Privileges in this category include those in categories I and II plus those associated with complex or severe illness or urology problems and those with immediate or serious threat to life. Physicians with these privileges may act as consultants to others and may, in turn, be expected to request consultation when:

- a. The diagnosis and/or management remains in doubt over an unduly long period of time, especially in the presence of a life-threatening illness.
- b. Unexpected complications arise which are outside this level of competence.
- c. Specialized treatments or procedures are contemplated with which they are not familiar

Category III practitioners are expected to have training and/or experience and competency on level commensurate with that provided by specialty training and (except under unusual circumstances as determined by the Credentials Committee) sufficient to attain eligibility for board certification.

**CATEGORY IV** - Privileges in this category include those in categories I, II, and III to the extent that qualification criteria are met, plus those associated with illnesses and urology problems requiring an unusual degree of expertise and competence. Practitioners with these privileges have the highest level of competence within a given field and are qualified to act as consultants and should, in turn, request consultation from within or from outside the hospital staff whenever needed.

Practitioners with these privileges are expected to have training and experience considered appropriate for a subspecialist and (except under unusual circumstances as determined by the Credentials Committee), sufficient to attain eligibility for subspecialty board certification.

<b>DELINEATION OF PRIVILEGES</b> <small>For use of this form, see AR 40-88; the proponent agency is OTSG                      (DA Form 5504A-R Must be Completed and Attached to this Form)</small>		1. SPECIALTY			
2. REQUESTED BY		3. DATE			
4. PRIVILEGES		5. RECOMMENDATIONS BY DEPT./SVS. CHIEF			
<small>Assignment of clinical privileges will be based on education, clinical training,                      experience, and demonstrated competence.</small>		APPROVED WITHOUT LIMITATION	APPROVED REQUIRES QUAL. SUPRV.	APPROVED WITH MODIFI- CATIONS	NOT APPROVED
<b><u>CATEGORY I</u></b> _____ Lymph node biopsy _____ Dorsal slit penis _____ Circumcision _____ Vasectomy _____ Incision and drainage scrotal abscess _____ Urethra Dilatation _____ Urinary catheterization in children					
<b><u>CATEGORY II</u></b> _____ Repair scrotal trauma _____ Fulguration of genital warts _____ Simple orchiectomy _____ Testicular biopsy _____ Epididymal biopsy _____ Cystotomy (open, trocar) _____ Perineal urethrotomy _____ Internal urethrotomy _____ Shunts for priapism _____ Cystoscopy _____ Conscious Sedation _____ Extracorporeal Shockwave Lithotripsy _____ Contigen Injections for Incontinence					
<b><u>Scrotal exploration for:</u></b> _____ Torsion tests _____ Spermatocele _____ Scrotal hydrocele _____ Testicular trauma _____ Needle biopsy prostate _____ Meatotomy _____ Vasogram _____ Insertion of testicular prosthesis _____ Scrotal excision					
<b><u>CATEGORY III</u></b> _____ Lymphadenectomy (pelvic, inguinal, ilioinguinal, retroperitoneal) _____ Retroperitoneal surgery (drain abscess, excise tumor, excise cyst) _____ Exploratory laparotomy _____ Closure of evisceration _____ Incidental appendectomy					



<b>DELINEATION OF PRIVILEGES</b> <small>For use of this form, see AR 40-68; the proponent agency is OTSG</small>		1. SPECIALTY 			
 <small>(DA Form 5504A-R Must be Completed and Attached to this Form)</small>					
2. REQUESTED BY Signature: _____		3. DATE _____			
4. PRIVILEGES		5. RECOMMENDATIONS BY DEPT./SVS. CHIEF			
<small>Assignment of clinical privileges will be based on education, clinical training, experience, and demonstrated competence.</small>		APPROVED WITHOUT LIMITATION	APPROVED REQUIRES QUAL. SUPRV.	APPROVED WITH MODIFI-CATIONS	NOT APPROVED
<input type="checkbox"/> Correction of chordee <input type="checkbox"/> Repair epispadias <input type="checkbox"/> Insertion penile prosthesis <input type="checkbox"/> Shunt (cavernosum to spongiosum, cavernosum to saphenous vein) <input type="checkbox"/> Orchiectomy (radical) <input type="checkbox"/> Orchidopexy (cryptorchidism) <input type="checkbox"/> Vasovasostomy <input type="checkbox"/> Epididymovasostomy <input type="checkbox"/> High ligation internal spermatic vein <input type="checkbox"/> Inguinal hernia repair (communicating hydrocele repair) <input type="checkbox"/> Transurethral resection (prostate, bladder tumor, urethral valves, bladder neck contraction) <input type="checkbox"/> Ureteral catheterization (basket extraction, pyelogram, dilation, brush biopsy, stent placement) <input type="checkbox"/> Cystolitholapaxy					
<u>CATEGORY IV</u> - Credentialing should be considered in those cases where the urologist has received specialized training in renovascular surgery and/or renal transplantation.					
<input type="checkbox"/> Renovascular surgery (embolectomy, endarterectomy, reimplantation, bypass graft) <input type="checkbox"/> Renal transplantation					
CATEGORY - Exceptions (recommended by Chief)					
_____ _____ _____					
CATEGORY - Additional privileges (specify)					
_____ _____ _____					

<b>DELINEATION OF PRIVILEGES</b> For use of this form, see AR 40-56; the proponent agency is OTSG (DA Form 5440A-R Must be Completed and Attached to this Form)		1. SPECIALTY  <b>GENERAL SURGERY</b>
2. REQUESTED BY Signature:		3. DATE
4. PRIVILEGES		5. RECOMMENDATIONS BY DEPT./SVS CHIEF

Eligibility to perform hospital surgical procedures must be based on an individual's education, training, and demonstrated competency. Surgical privileges are divided into four major categories:

**Category I.** Privileges in this category are for uncomplicated surgical illness or problems which present no serious threat to life. When doubt exists as to the diagnosis or in cases in which improvement from treatment is not soon apparent, consultation will be sought. Category I privileges may be granted to physicians without formal surgical training based on documented evidence that such privileges have been previously and successfully exercised.

Examples:      Excision of cyst      Removal of foreign body by speculum, forceps, or superficial incision  
                   Incision and draining of abscess      Suture of laceration (*simple*)  
                   **MUSCLE BIOPSY**      **EXCISION BIOPSY OF SKIN OR SUBCUTANEOUS TUMOR**  
                   Evacuation of thrombosed hemorrhoid      Cut down, intravenous or intra-arterial  
                   Other minor conditions and procedures of similar scope and complexity as the above in the surgical specialties.

**Category II.** Privileges in this category include those in Category I plus specific surgical conditions and procedures of increased scope and complexity and that may require general or conductive anesthesia, but which do not constitute an immediate or serious threat to life. Practitioners with these privileges are expected to request consultation where expected improvement is not soon apparent and when specialized therapeutic or diagnostic techniques are indicated.

Category II privileges may be granted to those practitioners who have satisfactorily completed at least one year post-internship formal training in surgery or whose skills have been gained and maintained through experience.

Examples:      Breast biopsy      *Varicose vein ligation (superficial)*  
                   Hemorrhoidectomy      Pilonidal cyst excision/marsupialization  
                   Drainage, deep ischio-rectal abscess      Split thickness skin graft, small areas  
                   Simple closed fracture management      Treatment of closed dislocations  
                   Other specific privileges similar to the above in scope and complexity.

**Category III.** Privileges in this category include those in Categories I and II plus those associated with complex or severe illness or general surgical problems and those with immediate or serious threat to life. Physicians with these privileges may act as consultants to others and may, in turn, be expected to request consultation when:

- a. The diagnosis and/or management remains in doubt over an unduly long period of time, especially in the presence of a life-threatening illness.
- b. Unexpected complications arise which are outside this level of competence.
- c. Specialized treatments or procedures are contemplated with which they are not familiar.

Category III practitioners are expected to have training and/or experience and competence on a level commensurate with that provided by specialty training and (*except under unusual circumstances as determined by the Credentials Committee*) sufficient to attain eligibility for board certification.

Examples:      Appendectomy      Hernia repair (*inguinal, umbilical*)  
                   Exploratory laparotomy      Ligation (*high*) stripping of varicose veins  
                   Gastic and bowel resection      Wide excision and graft for malignant skin tumor  
                   Biliary tract surgery      Pancreas and spleen surgery  
                   Abdominoperineal resection      Diaphragmatic hernia  
                   Lymph node dissection      Surgery of the adrenal glands  
                   Thyroidectomy      Sympathectomy  
                   Mastectomy, simple and radical      Cysts and tumors of neck, including salivary glands  
                   Other specific privilege: similar to the above in scope and complexity.

**Category IV.** Privileges in this category include those in Categories I, II, and III to the extent that qualification criteria are met, plus those associated with illnesses and surgical problems requiring an unusual degree of expertise and competence. Practitioners with these privileges have the highest level of competence within a given field and are qualified to act as consultants and should, in turn, request consultation from within or from outside the hospital staff whenever needed.

Practitioners with these privileges are expected to have training and experience considered appropriate for a subspecialist and (*except under unusual circumstances as determined by the Credential Committee*), sufficient to attain eligibility for subspecialty board certification.

Examples: Surgical subspecialties.

Pre-operative preparation, surgical management, and post-operative care of patients of all age groups with diseases of the alimentary tract, of the head and neck, of the breast and chest, of the abdomen, of the vascular system, of the endocrine system and of the integument generally recognized as not requiring a special expertise exclusive to a surgical subspecialty such as Neurosurgery (craniotomy for cerebralneoplasm), Obstetrics (cesarean section), or Thoracic Surgery (cardiopulmonary bypass).

The following list of diagnostic and therapeutic modalities exemplifies the various areas of the specialty, but is neither inclusive nor exclusive.

<b>DELINEATION OF PRIVILEGES</b> For use of this form, see AR 40-88; the proponent agency is OTSG (DA Form 5440A-R Must be Completed and Attached to this Form)		1. SPECIALTY			
2. REQUESTED BY Signature:		GENERAL SURGERY			
4. PRIVILEGES		5. RECOMMENDATIONS BY DEPT /SVS CHIEF			
Assignment of clinical privileges will be based on education, clinical training, experience, and demonstrated competence.		APPROVED WITHOUT LIMITATION	APPROVED REQUIRES QUAL SUPRV	APPROVED WITH MODIFI- CATIONS	NOT APPROVED
Request Category _____ privileges in General Surgery					
<u>GENERAL PROCEDURES</u>					
To Perform Surgery	To Assist at Surgery				
	Endoscopy. Therapeutic and diagnostic bronchoscopy, choledochoscopy, diagnostic sigmoidoscopy and colonoscopy (including biopsy), and diagnostic esophagogastros- copy (including biopsy) lapar- oscopy, operative & diagnostic.				
	Head and Neck. Biopsy, partial or complete resection of lesions of the thyroid, parathyroid, salivary glands, face, scalp, external ear, and soft tissues of the face and neck.				
	Chest and Vascular. Open and closed cardiac massage, pleural abrasion, closed tube thoracostomy, excision, repair or bypass of peripheral arteries, veins, or lymphatics, partial or total mastectomies, radical node dissections of neck, axilla, groin, pulmonary wedge resections, lobectomies, and pneumonectomies.				
	Abdomen. Repair of hernias, operations on the gastro- intestinal tract, biliary tract, pancreas, spleen, adrenals, abdominal aorta and branches, rectum and anus, kidneys, ureter, bladder, uterus, tubes & ovaries. External genitalia.				

<b>DELINEATION OF PRIVILEGES</b> For use of this form, see AR 40-55; the proponent agency is OTSG (DA Form 5440A-R Must be Completed and Attached to this Form)		1. SPECIALTY			
2. REQUESTED BY Signature:		3. DATE			
4. PRIVILEGES		5. RECOMMENDATIONS BY DEPT./SVS CHIEF			
Assignment of clinical privileges will be based on education, clinical training, experience, and demonstrated competence.		APPROVED WITHOUT LIMITATION	APPROVED REQUIRES QUAL. SUPRV.	APPROVED WITH MODIF. CATIONS	NOT APPROVED
To Perform Surgery	To Assist at Surgery				
	Extremities. Operations on nerves, ganglia, muscles, tendons, and management of simple fractures.				
	Intensive Care Management. Placement and interpretation of arterial, central venous, and pulmonary artery lines, and management of fluid and electrolyte problems including hyperalimentation.				
	Diagnostic Procedures. Introduction of radiologic contrast materials in conjunction with operative procedures or assessment of trauma.				
	Use of mechanical, electrocautery for the excision, coagulation, vaporization and/or repair of tissue.				
Exceptions Required. The following activities are generally considered to be encompassed within and specialty, but require specific annotation.					
	Peripheral Vascular Surgery. Non-trauma and complex cases.				
	Pediatric Surgery. Non-trauma and complex cases.				

<b>DELINEATION OF PRIVILEGES</b> <small>For use of this form, see AR 40-58, the proponent agency is OTSG                      (DA Form 5440A-R Must be Completed and Attached to this Form)</small>		1. SPECIALTY <b>GENERAL SURGERY</b>			
2. REQUESTED BY Signature:		3. DATE			
4. PRIVILEGES  <small>Assignment of clinical privileges will be based on education, clinical training, experience, and demonstrated competence.</small>		5. RECOMMENDATIONS BY DEPT./SVS CHIEF			
		APPROVED WITHOUT LIMITATION	APPROVED REQUIRES OJAL SUPRV.	APPROVED WITH MODIFICATIONS	NOT APPROVED
*LASER PRIVILEGES  *In addition to this Delineation of privileges, requests for laser privileges require; submission of appropriate supporting documentation of training, experience, etc.  Use of mechanical, electrocautery, and laser energy for the excision, coagulation, vaporization and or repair of tissue:  CO2 ARGON ND:YAG					
		Debulking tumors			
		Thoracic/abdominal surgeries			
		Pancreatic/liver resections			
		Mastectomies			
		Dissection of Vascular lesions			
		Excision, coagulation, for the vaporization and/or repair of tissue.			
CATEGORY - Additional privileges (specify)					
	II Conscious Sedation				
CATEGORY - Exceptions (recommended by Dept Chief)					

<b>DELINEATION OF PRIVILEGES</b> <small>For use of this form, see AF 40-88, the proponent agency is OTSG (DA Form 5440A-R Must be Completed and Attached to this Form)</small>		1. SPECIALTY <b>OTOLARYNGOLOGY</b>																																																																																																																											
2. REQUESTED BY Signature:		3. DATE																																																																																																																											
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<p>Request Category _____ privileges in Otolaryngology</p> <p style="text-align: center;"><u>GENERAL PROCEDURES</u></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; border: none;">To Perform Surgery</td> <td style="width:15%; border: none;">To Assist at Surgery</td> <td style="width:70%;"></td> </tr> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">Adenoidectomy</td></tr> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">Tonsillectomy</td></tr> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">Tonsillectomy and adenoidectomy</td></tr> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">Nasal polypectomy</td></tr> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">Submucous resection</td></tr> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">Nasal septoplasty</td></tr> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">Turbinectomy</td></tr> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">Antrotomy</td></tr> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">Caldwell-Luc operation</td></tr> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">Transantral ligation of vessels</td></tr> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">Vidian neurectomy</td></tr> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">Intranasal ethmoidectomy</td></tr> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">External ethmoidectomy</td></tr> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">Frontoethmoidectomy</td></tr> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">Frontal sinus trephine</td></tr> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">Osteoplastic frontal sinusotomy</td></tr> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">Frontal sinus ablation</td></tr> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">Radical pansinusotomy</td></tr> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">Dacryocystorhinostomy</td></tr> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">Hypophysectomy</td></tr> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">Cryosurgery</td></tr> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">Transantral orbital decompression</td></tr> </table> <p style="text-align: center;"><u>OTOLOGIC</u></p> <table style="width:100%; border-collapse: collapse;"> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">Myringotomy</td></tr> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">Myringoplasty</td></tr> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">Tympanoplasty</td></tr> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">Tympanoplasty with mastoidectomy</td></tr> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">Simple mastoidectomy</td></tr> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">Modified radical mastoidectomy</td></tr> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">Radical mastoidectomy</td></tr> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">Fenestration</td></tr> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">Stapedectomy</td></tr> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">Stapes mobilization</td></tr> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">Facial nerve decompression</td></tr> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">Facial nerve graft or repair</td></tr> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">Tympanic neurectomy</td></tr> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">Labyrinthectomy</td></tr> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">Decompression membranous labyrinth</td></tr> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">Sacculotomy</td></tr> <tr><td style="border: none;"></td><td style="border: none;"></td><td style="border: none;">Endolymphatic sac operations</td></tr> </table>		To Perform Surgery	To Assist at Surgery				Adenoidectomy			Tonsillectomy			Tonsillectomy and adenoidectomy			Nasal polypectomy			Submucous resection			Nasal septoplasty			Turbinectomy			Antrotomy			Caldwell-Luc operation			Transantral ligation of vessels			Vidian neurectomy			Intranasal ethmoidectomy			External ethmoidectomy			Frontoethmoidectomy			Frontal sinus trephine			Osteoplastic frontal sinusotomy			Frontal sinus ablation			Radical pansinusotomy			Dacryocystorhinostomy			Hypophysectomy			Cryosurgery			Transantral orbital decompression			Myringotomy			Myringoplasty			Tympanoplasty			Tympanoplasty with mastoidectomy			Simple mastoidectomy			Modified radical mastoidectomy			Radical mastoidectomy			Fenestration			Stapedectomy			Stapes mobilization			Facial nerve decompression			Facial nerve graft or repair			Tympanic neurectomy			Labyrinthectomy			Decompression membranous labyrinth			Sacculotomy			Endolymphatic sac operations				
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		Adenoidectomy																																																																																																																											
		Tonsillectomy																																																																																																																											
		Tonsillectomy and adenoidectomy																																																																																																																											
		Nasal polypectomy																																																																																																																											
		Submucous resection																																																																																																																											
		Nasal septoplasty																																																																																																																											
		Turbinectomy																																																																																																																											
		Antrotomy																																																																																																																											
		Caldwell-Luc operation																																																																																																																											
		Transantral ligation of vessels																																																																																																																											
		Vidian neurectomy																																																																																																																											
		Intranasal ethmoidectomy																																																																																																																											
		External ethmoidectomy																																																																																																																											
		Frontoethmoidectomy																																																																																																																											
		Frontal sinus trephine																																																																																																																											
		Osteoplastic frontal sinusotomy																																																																																																																											
		Frontal sinus ablation																																																																																																																											
		Radical pansinusotomy																																																																																																																											
		Dacryocystorhinostomy																																																																																																																											
		Hypophysectomy																																																																																																																											
		Cryosurgery																																																																																																																											
		Transantral orbital decompression																																																																																																																											
		Myringotomy																																																																																																																											
		Myringoplasty																																																																																																																											
		Tympanoplasty																																																																																																																											
		Tympanoplasty with mastoidectomy																																																																																																																											
		Simple mastoidectomy																																																																																																																											
		Modified radical mastoidectomy																																																																																																																											
		Radical mastoidectomy																																																																																																																											
		Fenestration																																																																																																																											
		Stapedectomy																																																																																																																											
		Stapes mobilization																																																																																																																											
		Facial nerve decompression																																																																																																																											
		Facial nerve graft or repair																																																																																																																											
		Tympanic neurectomy																																																																																																																											
		Labyrinthectomy																																																																																																																											
		Decompression membranous labyrinth																																																																																																																											
		Sacculotomy																																																																																																																											
		Endolymphatic sac operations																																																																																																																											

<b>DELINEATION OF PRIVILEGES</b> For use of this form, see AR 40-68; the proponent agency is OTSG (DA Form 5440A-R Must be Completed and Attached to this Form)		1. SPECIALTY  OTOLARYNGOLOGY			
2. REQUESTED BY Signature:		3. DATE			
4. PRIVILEGES  Assignment of clinical privileges will be based on education, clinical training, experience, and demonstrated competence.		5. RECOMMENDATIONS BY DEPT./SVS CHIEF			
		APPROVED WITHOUT LIMITATION	APPROVED REQUIRES CLAL SUPRV.	APPROVED WITH MODIFICATIONS	NOT APPROVED
To Perform Surgery	To Assist at Surgery				
	Acoustic neuroma resection				
	Transmastoid Middle cranial fossa				
	Retrolabyrinthine in conjunction with neurosurgery				
	VIII nerve section via middle cranial fossa				
	Translabyrinthine or retrolabyrinthine vestibular nerve section				
	Eustachian tuboplasty				
	Cochlear implant				
	Microvascular decompression of facial or trigeminal nerve				
	Singular Infratemporal fossa removal of tumor				
	Transochlear approach to Petrous Apex				
<u>PLASTIC AND RECONSTRUCTIVE PROCEDURES</u>					
	Reconstruction external ear				
	Otoplasty				
	Rhinoplasty				
	Laryngoplasty				
	Tracheoplasty				
	Rhytidectomy				
	Blepharoplasty				
<u>REDUCTION IN FACIAL FRACTURES</u>					
	Frontal				
	Nasal				
	Maxilla (LeFort I, II, III)				
	Malar with or without orbital floor				
	Orbital blowout				
	Mandible (closed & open)				
	Pendicle flap procedures (chest, neck, shoulder-neck, forehead-scalp, cheek, back)				
<u>GRAFTS</u>					
	Split and full thickness skin				
	Composite				
	Dermal				

**ASSIGNMENT OF PRIVILEGES**  
 For use of this form, see AF 40-86; the proponent agency is OTSG  
 (DA Form 5440A-R Must be Completed and Attached to this Form)

2. REQUESTED BY Signature:

1. SPECIALTY

OTOLARYNGOLOGY

3. DATE

4. PRIVILEGES

5. RECOMMENDATIONS BY DEPT./SVS. CHIEF

Assignment of clinical privileges will be based on education, clinical training, experience, and demonstrated competence.

APPROVED WITHOUT LIMITATION	APPROVED REQUIRES QUAL. SUPRV.	APPROVED WITH MODIFICATIONS	NOT APPROVED
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To Perform Surgery      To Assist at Surgery

- Cartilage
- Bone
- Implants
- Fascial sling procedures
- Oroantral fistula repair
- Choanal atresia repair
- Prognathism correction
- Retrognathism correction
- Cleft lip and palate repair
- Temporomandibular joint exploration
- Condylectomy
- Excision skin lesions
- Scar revisions
- Submental lipectomy
- Dermabrasion
- Chemical peel
- Facial reanimation
- Ectropion repair
- Lower lid reconstruction
- Free flap transfer
- Pharyngeal flap
- Pharyngoplasty
- Velopharyngoplasty
- Palatal pushback

ENDOSCOPY

- Laryngoscopy
- Esophagoscopy - diagnostic
- With foreign body removal
- With stricture dilation
- Bronchoscopy - diagnostic
- With foreign body removal
- With stricture dilation
- Mediastinoscopy
- Teflon inspection

HEAD AND NECK PROCEDURES

- Ear and Mastoid
- Excision of tumors
- Temporal bone resection
- Excision of auricle and neck dissection

<b>DELINEATION OF PRIVILEGES</b> For use of this form, see AR 40-68; the proponent agency is OTSG (DA Form 5440A-R Must be Completed and Attached to this Form)		1. SPECIALTY OTOLARYNGOLOGY			
2. REQUESTED BY Signature:		3. DATE			
4. PRIVILEGES		5. RECOMMENDATIONS BY DEPT./SVS CHIEF			
Assignment of clinical privileges will be based on education, clinical training, experience, and demonstrated competence.		APPROVED WITHOUT LIMITATION	APPROVED REQUIRES QUAL. SUPRV.	APPROVED WITH MODIFICATIONS	NOT APPROVED
To Perform Surgery	To Assist at Surgery				
	<u>Salivary glands</u> Parotidectomy with or without facial nerve dissection or nerve graft Submaxillary gland excision				
	<u>Nose and Maxilla</u> Lateral rhinotomy Total or partial maxillectomy Radical maxillectomy with orbital exenteration. Excision nasopharyngeal tumors via transethmoid, transantral or transpalatal routes Craniofacial resection				
	<u>Oral Cavity</u> Partial glossectomy Partial mandibulectomy Composite resection - primary and tumor with radical neck dissection, i.e., primary in floor of mouth, alveoli, tongue, buccal region, tonsil, or any combination.				
	<u>Lips</u> Lip shave Wedge resection Abbe-Estlander flaps				
	<u>Neck</u> Incision and drainage of neck abscess Node biopsy and excision benign lesions Radical neck dissection Radical neck dissection combined with transternal mediastinal dissection Diverticulectomy Laryngectomy (subtotal, widefield, or radical neck dissection) Exploration laryngeal fractures Exploration recurrent laryngeal nerves Arytenoidectomy Thyroidectomy				

OTOLARYNGOLOGY

2. REQUESTED BY Signature:

3. DATE

4. PRIVILEGES

5. RECOMMENDATIONS BY DEPT./SVS CHIEF

Assignment of clinical privileges will be based on education, clinical training, experience, and demonstrated competence.

To Perform Surgery To Assist at Surgery

APPROVED WITHOUT LIMITATION	APPROVED REQUIRES QUAL. SUPRV.	APPROVED WITH MODIFICATIONS	NOT APPROVED
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Cervical esophagectomy with neck dissection

Tracheal resection with repair

Tracheotomy

Major vessel ligation and grafting

Arterial infusion procedures

Excision congenital cysts (branchial, thyroglossal dermoids, teratomas)

OTHER

Functional endoscopic sinus surgery

Laser-CO2 to head and neck only

<b>DELINEATION OF PRIVILEGES</b> <small>For use of this form, see AR 40-66, the proponent agency is OTSG                      (DA Form 5440A-R Must be Completed and Attached to this Form)</small>		1. SPECIALTY <b>ORTHOPAEDIC SURGEON</b>			
2. REQUESTED BY <b>Signature:</b>		3. DATE			
4. PRIVILEGES <small>Assignment of clinical privileges will be based on education, clinical training, experience, and demonstrated competence.</small>		5. RECOMMENDATIONS BY DEPT/SVS CHIEF			
		<small>APPROVED WITHOUT LIMITATION</small>	<small>APPROVED REQUIRES QUAL SUPRV.</small>	<small>APPROVED WITH MODIFICATIONS</small>	<small>NOT APPROVED</small>
<b>CATEGORY I</b> _____ Treatment of acute back and neck strain. _____ Treatment of contusions, simple lacerations, and sprains. _____ Treatment of bursitis, tendonitis, "tennis elbow," etc.					
<b>CATEGORY II</b> _____ Treatment of simple closed fractures. _____ Treatment of closed dislocations. _____ Treatment of plantar warts. _____ Treatment of corns, callouses, and bunions. _____ Treatment of pes planus. _____ Foot Care. _____ Treatment of metatarsalgia.					
<b>CATEGORY III</b> _____ Elective amputations and major traumatic amputations. _____ Bone grafts. _____ Arthrodesis. _____ Arthroplasty. _____ Open reduction of fractures. _____ Tenorrhaphy (including tendon grafts).					
<b>CATEGORY IV</b> _____ Laminectomy. _____ Joint Replacement. _____ Peripheral Nerve Surgery. _____ Spinal Instrumentation. * _____ Total Joint Replacement.					
<b>HAND SURGERY, ORTHOPAEDIC SURGEON</b>					
<b>CATEGORY I</b> _____ Treatment of contusions, simple lacerations, abrasions, minor burns, and needle aspirations. _____ Treatment of a superficial cellulitis of limited extension small subcutaneous abscesses. _____ Treatment of mild sprains of digits or wrist. *Total Joint Replacement is beyond the scope of the GLWACH and can not be supported here at this time.					

<b>DELINEATION OF PRIVILEGES</b> For use of this form, see AR 40-68; the proponent agency is OTSG (DA Form 5440A-R Must be Completed and Attached to this Form)	1. SPECIALTY <b>HAND SURGERY, ORTHOPAEDIC SURGEON</b>			
2. REQUESTED BY Signature:	3. DATE			
4. PRIVILEGES	5. RECOMMENDATIONS BY DEPT./SVS. CHIEF			
Assignment of clinical privileges will be based on education, clinical training, experience, and demonstrated competence.	APPROVED WITHOUT LIMITATION	APPROVED REQUIRES QUAL. SUPRV.	APPROVED WITH MODIFICATIONS	NOT APPROVED
<u>CATEGORY II</u>				
Treatment of simple fractures (closed).				
Treatment of simple dislocations (closed).				
Treatment of skin lesions and diagnostic biopsies.				
Treatment of ganglia.				
Debridement and grafting of simple injuries or small burns.				
Drainage of Paronychia.				
<u>CATEGORY III</u>				
Elective amputations and major traumatic amputations of digits, wrist, forearm or arm.				
Bone grafts.				
Arthodesis.				
Arthroplasties.				
Joint replacements of digits or wrists.				
Open reduction of fractures.				
Open reduction of dislocations.				
Tendon grafts; tenorrhapies staged tendon grafts.				
Neurorrhaphy - peripheral nerve grafting.				
Muscle slides or tendon lengthening.				
Nerve releases.				
Treatment of space infections.				
<u>CATEGORY IV</u>				
Digital or major limb re-implantation.				
Pedicle island or free flaps.				
Vascularized bone grafts.				
Vascularized nerve grafts.				
Vascularized tendon grafts.				
Tissue transfers of complexity.				
Vascularized joint transfers.				
Brachial plexus reconstructions.				
Vascular repairs of reconstruction of the upper extremity.				
First rib resection.				
Thoracic and peripheral sympathectomy.				
Motor unit transfers.				

<b>DELINEATION OF PRIVILEGES - PEDIATRICS</b> For use of this form, see AR 40-68, the proponent agency is OTSG (DA Form 5440A-R Must be Completed and Attached to this Form)		REQUESTED BY	DATE		
PRIVILEGES		RECOMMENDATIONS BY DEPT. /SVS. CHIEF			
Assignment of clinical privileges will be based on education, training, and demonstrated competence. Pediatric clinical privileges are divided into four major categories. The category of privilege requested should be specified.		APPROVED WITHOUT LIMITATION	APPROVED REQUIRES QUAL SUPRV	APPROVED WITH MODIFICATIONS	NOT APPROVED
<b>Category I.</b> Emergency Care. Supervision and care of routine term newborns and uncomplicated pediatric patients; i.e., illnesses, injuries, conditions or procedures which have low risk to the patient. Non-specialists with little or no pediatrics residency training, but with reasonable experience in care of these conditions.					
<b>PROCEDURES/SKILLS (Check Desired Privilege(s))</b>					
a. Venipuncture					
b. Lumbar puncture					
c. Urethral catheterization					
d. Incision and drainage of abscess					
e. Circumcision					
f. Other (Specify)					
<b>EXCEPTIONS (Recommended by Department Chief)</b>					
<b>Category II.</b> Category I Major illnesses, injuries, conditions or procedures but with no significant risk to life. Significant training or experience in pediatrics, not necessarily board certified (e.g., undiagnosed anemia; status asthmaticus; routine pre-op post-op care of pediatric patients; lumbar puncture and arterial blood gasses, except newborns).					
<b>PROCEDURES/SKILLS (Check Desired Privilege(s))</b>					
a. Subdural taps on infants with open fontanelle					
b. Pleuracentesis					
c. Peritoneal tap					
d. Saphenous or antecubital vein cutdowns					
e. Arterial puncture					
f. Intubations					
(1) Oro-tracheal					
(2) Naso-tracheal intubation					
(3) Suprapubic puncture					
(4) Insertion of chest tube					
g. Exchange transfusion - Partial Only					
h. Sigmoidoscopy					
i. Proctoscopy					
j. Pre-oral biopsy					
k. Skin biopsy					
l. Umbilical artery catheterization					
m. Umbilical vein catheterization					
n. Other (Specify) <b>Conscious Sedation</b>					
<b>EXCEPTIONS (Recommended by Department Chief)</b>					

PRIVILEGES		RECOMMENDATIONS BY DEPT. / SVS. CHIEF			
		APPROVED WITHOUT LIMITATION	APPROVED REQUIRES QUAL SUPRV	APPROVED WITH MODIFI-CATIONS	NOT APPROVED
<p>Category III. Categories I and II Major illnesses, injuries, conditions, or procedures which carry substantial threat to life. Board certification in pediatrics* or other extensive training and experience in the care of these conditions (e.g., meningitis, drug overdose, erythroblastosis fetalis; neonatal resuscitation). *Completion of three-year residency training in pediatrics may be accepted in lieu of board certification for a period not to exceed five years following completion of training for</p>					
<p>PROCEDURES/SKILLS (Check desired privilege(s))</p>					
****	a. Lung puncture				
	b. Cardioversion				
	c. Pericardiocentesis				
	d. Bone marrow aspiration				
	e. Bone marrow biopsy				
	f. Administration of chemotherapy				
	**** (1) Systematic chemotherapy				
	**** (2) Intrathecal chemotherapy				
	g. Endoscopy				
*****	k. Intestinal biopsy				
	l. Other (Specify)				
<p>EXCEPTIONS (Recommended by Department Chief)</p>					
<p>Category IV. Categories I, II, and III Unusually complex or critical illnesses, injuries, conditions or procedures which carry a serious threat to life. Extensive relevant subspecialty training or experience beyond board certification in pediatrics (e.g., leukemia; respiratory failure; neonatal intensive care; renal dialysis).</p>					
<p>PROCEDURES/SKILLS (Check desired privilege(s))</p>					
	a. Bronchoscopy				
	b. Pleural biopsy				
*****	c. Lung biopsy, closed				
*****	d. Cardiac catheterization				
	e. Angiography				
	f. Lymphangiography				
*****	g. Kidney biopsy				
*****	k. Bone marrow transplantation				
	l. Other (Specify)				
<p>EXCEPTIONS (Recommended by Department Chief)</p>					

\*\*\*\*\*Beyond the scope of th GLWACH and can not be supported here at this time.

<b>DELINEATION OF PRIVILEGES</b> <small>For use of this form, see AR 40-68; the proponent agency is OTSG                      (DA Form 5504A-R Must be Completed and Attached to this Form)</small>	1. SPECIALTY <b>OCCUPATIONAL MEDICINE</b>			
2. REQUESTED BY	3. DATE			
4. PRIVILEGES  Assignment of clinical privileges will be based on education, clinical training, experience, and demonstrated competence.	5. RECOMMENDATIONS BY DEPT./SVS. CHIEF			
	APPROVED WITHOUT LIMITATION	APPROVED REQUIRES QUAL. SUPRV.	APPROVED WITH MODIFICATIONS	NOT APPROVED
<p><b>LEVEL I</b> – Privileges in this category are for uncomplicated Occupational Medicine issues/cases. Level I privileges may be granted to physicians without formal Occupational Medicine training under the supervision of a privileged Occupational or Preventive Medicine physician.</p>				
<p><b>LEVEL II</b> – Privileges in this category are of increased scope of complexity. Level II privileges may be granted to physicians who have completed a formal Occupational Medicine program or whose skills have been gained and maintained through documented experience and include:</p>				
<p>_____ Serves as Technical Consultant to Level I personnel within Health Service Region.</p> <p>_____ Provides Occupational Medicine recommendations and proposes policy with respect to Occupational Medicine Programs.</p> <p>_____ Provides consultation for patients exhibiting communicable/infectious disease, occupational/environmental illness or injury.</p> <p>_____ Other: _____</p>				
<p><b>LEVEL III</b> – Privileges in this category require an unusual degree of expertise and competence. Practitioners with these privileges are expected to have training and experience considered appropriate for a subspecialist and (except under unusual circumstances determined by the Credentials Committee), sufficient to attain eligibility for subspecialty board certification.</p>				
<p>_____ Serves as Technical Consultant to Level I &amp; II personnel within Health Service Region.</p> <p>_____ Provides Occupational Medicine recommendations and proposes policy with respect to Occupational Medicine Programs.</p> <p>_____ Serves as a consultant/staff officer at any level of command or staff.</p> <p>_____ Proposes doctrine/standards with respect to the conduct of Occupational Medicine Programs.</p> <p>_____ Serves as Director of Residency Training in the various Occupational Medicine Disciplines.</p> <p>_____ Other: _____</p>				



<b>DELINEATION OF PRIVILEGES</b> For use of this form, see AR 40-68; the proponent agency is OTSG (DA Form 5504A-R Must be Completed and Attached to this Form)		1. SPECIALTY <b>OCCUPATIONAL MEDICINE</b>			
2. REQUESTED BY		3. DATE			
4. PRIVILEGES  Assignment of clinical privileges will be based on education, clinical training, experience, and demonstrated competence.		5. RECOMMENDATIONS BY DEPT./SVS. CHIEF			
		APPROVED WITHOUT LIMITATION	APPROVED REQUIRES QUAL. SUPRV.	APPROVED WITH MODIFI- CATIONS	NOT APPROVED
<b><u>RADIOLOGICAL HYGIENE CONSULTATION</u></b>  _____ Ionizing Radiation Sources, Diagnostic and Therapeutic _____ Non-ionizing Radiation, Therapeutic, General Military _____ Radioisotope Diagnostic and Therapeutic Services _____ Other: _____					
<b><u>MEDICAL ENTOMOLOGY CONSULTATION</u></b>  _____ Pest Management in Hospitals _____ Vector Control _____ Pesticide Toxicology, Usage _____ Other: _____					
_____ Coordination with Local, County, State Public Health Officials (Public Health Administration). _____ Performs hospital clinical activities for outpatients to include: interview and history, physical examination, assessment and diagnosis, recommends and prescribes treatment for patients presenting with general medical problems. This includes ordering diagnostic tests, referral to specialty clinics, and writing prescriptions. _____ Provides consultation for inpatients exhibiting symptomatology compatible with an occupational/environmental disease or injury. _____ Other: _____					

**DELINEATION OF PRIVILEGES - INTERNAL MEDICINE AND SUBSPECIALTY**

REQUESTED BY

DATE

For use of this form, see AR 40-88; the proponent agency is OTSG  
(DA Form 5440A-R Must be Completed and Attached to this Form)

Privileges in the Department of Medicine are granted for both clinical areas and specific procedures. All practitioners requesting privileges in the Department of Medicine will use this form regardless of specialty.

Four categories (levels) of clinical privileges may be granted for each clinical area listed below. The category of privilege requested, if any, in each area should be specified.

**Category I. Emergency Care.**

Uncomplicated illnesses or problems which have low risk to the patient.

Non-specialists with little or no residency training but with reasonable experience in the care of these conditions.

**Category II. Category I.**

Major illnesses, injuries, conditions or procedures, but with no significant risk to life.

Significant graduate training in the specialty related to the conditions, or considerable experience in the care of the conditions.

**Category III. Categories I and II.**

Major illnesses, conditions, or procedures which carry substantial threat to life.

Board certification or other extensive training and experience in the care of these conditions. "Completion of three-year residency training may be accepted in lieu of board certification for a period *not to exceed five years* following completion of training for accessions/appointments after 1982.

**Category IV. Categories I, II, and III.**

Unusually complex or critical diagnoses or treatment with serious threat to life.

Extensive relevant subspecialty training or experience beyond board certification.

**NOTE:** If a practitioner is not granted privileges in Category III or IV, consultation with a physician in one of these categories is mandatory for a patient with a medical condition that increases surgical or anesthetic risk, when a surgical procedure is contemplated.

PRIVILEGES		RECOMMENDATIONS BY DEPT./SVS CHIEF			
		APPROVED WITHOUT LIMITATION	APPROVED REQUIRES QUAL SUPRV	APPROVED WITH MODIFICATIONS	NOT APPROVED
Assignment of clinical privileges will be based on education, training, and demonstrated competence.					
CLINICAL AREAS. (Write I, II, III, or IV to indicate the Category or Privileges in Each Area That You Are Requesting Privileges.)					
a.	Allergy-Immunology				
b.	Cardiology				
c.	Dermatology				
d.	Endocrine and metabolic diseases				
e.	Gastroenterology				
f.	Hematology				
g.	Infectious disease				
h.	Internal medicine				
i.	Nephrology				
j.	Pulmonary disease				
k.	Rheumatology				
l.	Oncology				
SPECIAL PROCEDURES (Check the Procedures for Which Privileges are Requested and Attach a Statement Indicating Your Qualifications to Perform Each of Them.)					
Special Studies, Invasive					
	a. Arterial puncture and cannulation				
****	b. Angiography, cerebral				
****	c. Arteriography				
	d. Arthrocentesis				
****	e. Bronchial brushing				
****	f. Bronchial lavage				
****	g. Bronchograms				
	h. Bone marrow aspiration				
****	i. Cardiac Catheterization				
	j. Cardiac pacemaker (Transvenous)				

\*\*\*\*Beyond the current scope of this Hospital at this time.

PRIVILEGES. (Privileges will be granted only for the type endoscopic procedure for which competency has been verified (formal training/demonstrated competency.)		RECOMMENDATIONS BY DEPT./SVS. CHIEF			
		APPROVED WITHOUT LIMITATION	APPROVED REQUIRES QUAL SUPRV.	APPROVED WITH MODIF. CATIONS	NOT APPROVED
<b>Special Studies, Invasive (Continued)</b>					
****	k. Cholangiography, percutaneous				
****	l. Cisternal Tap				
****	m. Hemodialysis				
****	n. Hemofiltration				
****	o. Lymphangiography				
****	p. Myelography				
	q. Paracentesis, abdominal				
****	r. Percardiocentesis				
****	s. Peritoneal dialysis				
****	t. Phlebography				
****	u. Plasmaphoresis				
****	v. Pneumoencephalography				
	w. Spinal tap				
	x. Subclavian puncture & Internal Jugular Vein				
	y. Swan-Ganz catheterization				
	z. Thoracentesis				
	Other (Specify)				
	aa. Conscious Sedation				
	bb. Needle Thoracentesis				
<b>Biopsy and Excision. Needle Biopsy of:</b>					
	a. Bone Marrow				
****	b. Kidney				
****	c. Liver				
****	d. Lung				
	e. Thyroid				
****	f. Pericardial biopsy (Closed)				
****	g. Peritoneal biopsy (Closed)				
****	h. Pleural biopsy (Closed)				
	i. Skin biopsy				
****	j. Small intestinal biopsy with Crosby capsule & Shiner tube				
	Other (Specify)				
<b>* Endoscopy</b>					
		<b>With Biopsy</b>			
****	a. Bronchoscopy				
	b. Colonoscopy				
	c. Duodenoscopy				
	d. Esophagoscopy				
****	e. Mediastinoscopy				
****	f. Peritoneoscopy				
	g. Sigmoidoscopy				
	Other (Specify)				

\*\*\*\*Beyond the current scope of this

PRIVILEGES		RECOMMENDATIONS BY DEPT /SVS. CHIEF			
		APPROVED WITHOUT LIMITATION	APPROVED REQUIRES QUAL. SUPRV.	APPROVED WITH MODIFI. CATIONS	NOT APPROVED
<b>Special Studies, Non-Invasive and Other Procedures</b>					
****	a. Echocardiography				
	b. ECG interpretation				
****	c. Electroconvulsant therapy				
****	d. EEG interpretation				
****	e. Electromyography				
	f. Endotracheal intubation				
	g. Other intubation (Specify)				
****	h. Esophageal dilatation				
****	i. Hypnosis				
****	j. Peripheral vascular studies (Non-Invasive)				
****	k. Phonocardiography				
	l. Pulmonary function interpretation				
****	m. Radioactive isotopes, diagnostic				
****	n. Radioactive isotopes, therapeutic				
****	o. Vectorcardiography interpretation				
	p. Respirator management				
	q. * Diagnostic/Therapeutic radiology (Specify)				
	r. Cardiac Pacemaker (Transthoracic)				
	s. Cardioversion				
	t. GXT				
	u. Holter Monitor Interpretation				
	Other (Specify)				
<b>EXCEPTIONS TO DIAGNOSIS, TREATMENT OR PROCEDURES (As Recommended by Department Chief)</b>					

\* Requires special qualifications of training and experience in equipment use and in the interpretation of results.

<p align="center"><b>DELINEATION OF PRIVILEGES - FAMILY PRACTICE</b></p> <p align="center"><i>For use of this form, see AR 40-88; the proponent agency is OTSG (DA Form 5440A-R Must be Completed and Attached to this Form)</i></p>	<p>REQUESTED BY Signature:</p>	<p>DATE</p>
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Assignment of clinical privileges will be based on education, clinical training, and demonstrated competence. Family Practice practitioners will demonstrate skills in interviewing, examination, assessment, and management of patients with general medical, obstetrical, surgical, and psychiatric health problems. Full privileges include admission privileges to all services to include the intensive care areas of the hospital (MICU/CCU/SICU). Seriously ill patients will be managed in consultation with or direct referral to specialty physicians.

Family Practice clinical privileges are divided into four major categories. The category or privilege requested should be specified.

PRIVILEGES	RECOMMENDATIONS BY DEPT./SVS. CHIEF			
	APPROVED WITHOUT LIMITATION	APPROVED WITH QUAL. SUPRV.	APPROVED WITH MODIFI. CATIONS	NOT APPROVED
<p><b>Category I. Emergency Care</b> Uncomplicated illnesses or problems which have low risk to the patient such as routine prenatal health care, incision and evacuation of thrombosed hemorrhoids, and acute and chronic outpatient care in clinics and emergency services. Residency training is not required but reasonable experience in the care of patients with these problems or in the performance of these procedures is required.</p>				
<p align="center"><b>PROCEDURES/SKILLS (Check Desired Privilege(s))</b></p>				
<p>a. Proctosigmoidoscopy</p>				
<p>b. ECG Performance and Initial Interpretations</p>				
<p>c. Basic Radiologic Interpretations (Skull, spine, CXR, abdomen, IVP, and extremity)</p>				
<p>d. Insertion/Removal of IUD</p>				
<p>e. Regional Anesthesia</p>				
<p>f. Splinting/Casting/Immobilizing of Simple Fractures</p>				
<p align="center"><b>ADDITIONAL PRIVILEGES (Specify)</b></p>				
<p align="center"><b>EXCEPTIONS (Recommended by Department Chief)</b></p>				
<p><b>Category II. Category I</b> Major illnesses, injuries, conditions or procedures which do not have significant risk to life such as in the provision of care for uncomplicated psychiatric, orthopedic, medical, pediatric, or obstetrical patients. Requires at least significant graduate Family Practice training or considerable documented experience in the care of these conditions, or performance of these procedures.</p>				
<p>a. Lumbar Puncture (Adult and Child)</p>				
<p>b. Infant/Newborn Resuscitation</p>				
<p>c. Vaginal Delivery (Uncomplicated)</p>				
<p>d. Endometrial Biopsy</p>				
<p align="center"><b>ADDITIONAL PRIVILEGES (Specify)</b></p>				
<p>e. Infant Circumcision</p>				
<p>f. Conscious Sedation</p>				
<p align="center"><b>EXCEPTIONS (Recommended by Department Chief)</b></p>				

PRIVILEGES	RECOMMENDATIONS BY DEPT./SVS. CHIEF			
	APPROVED WITHOUT LIMITATION	APPROVED REQUIRES QUAL. SUPRV.	APPROVED WITH MODIFICATIONS	NOT APPROVED
<p><b>Category III. Categories I and II</b>                      Major illnesses, injuries, conditions or procedures which may carry some substantial threat to life such as heat stroke, pre-eclampsia, vertebral fractures, initial management of multiple trauma victims, myocardial infarctions, burns, and behavioral modification counseling.                      Requires Family Practice residency completion and/or board certification.</p>				
<b>PROCEDURES/SKILLS (Check desired privilege(s))</b>				
a. Joint Aspiration/Injection				
b. Diagnostic Thoracentesis With or Without Biopsy				
c. Abdominal Pericentesis				
d. Bone Marrow Aspiration and Biopsy				
e. Low Forceps Delivery				
f. Vacuum Extraction				
g. Obstetrical Anesthesia				
h. Culdocentesis				
i. Dilatation & Curettage				
j. First Assist at Major Surgical Procedures				
k. Flexible Sigmoidoscopy				
l. Reduction of Simple Fractures of Extremities				
m. Vasectomy				
<b>ADDITIONAL PRIVILEGES (Specify)</b>				
n. Cardioversion				
<b>EXCEPTIONS (Recommended by Department Chief)</b>				
<p><b>Category IV. Categories I, II, and III</b>                      Unusually complex or critical patient care problems or procedures with serious threat to life such as complicated myocardial infarctions, c-sections, and prolonged assisted pulmonary ventilation.                      Requires extensive experience beyond board certification. Consultation or supervision by a subspecialty trained physician is mandatory.</p>				
a. Swan-Ganz Catherization				
b. Management of Severe Pre-eclampsia				
c.				
d.				
e.				
f.				
<b>ADDITIONAL PRIVILEGES (Specify)</b>				
<b>EXCEPTIONS (Recommended by Department Chief)</b>				

<b>DELINEATION OF PRIVILEGES</b> <small>For use of this form, see AR 40-88; the proponent agency is OTSG                      (DA Form 5440A-R Must be Completed and Attached to This Form)</small>		1. SPECIALTY			
2. REQUESTED BY Signature:		3. DATE			
4. PRIVILEGES		5. RECOMMENDATIONS BY DEPT /SVS CHIEF			
Assignment of clinical privileges will be based on education, clinical training, experience, and demonstrated competence.		APPROVED WITHOUT LIMITATION	APPROVED REQUIRES QUAL. SUPRV.	APPROVED WITH MODIFICATIONS	NOT APPROVED
<b>PART I</b>  Is partially trained in the specialty or has acquired the skills in the specialty through interest and experience. Will obtain consultation before treating all but routine conditions or performing other than simple diagnostic and therapeutic procedures.					
1. History & physical examination					
2. KOH preparation & interpretation					
3. Oil preparation for scabies					
4. Tzanck preparation for herpes					
5. Local anesthesia					
6. Punch biopsy					
7. Shave biopsy					
8. Cryotherapy for benign keratoses & warts					
9. Topical & parental drug therapy					
10. I&D					
OTHER (specify) _____					
<b>PART II</b>  Eligible for certification, or fulfilling a practice time requirement established by the specialty board for certification. May act independently in most circumstances, provide consultations, and supervise trainees. However, will seek advise and consultation on complex cases. Includes all items checked in Part I.					
1. Fungal culture & identification					
2. Dark field examinations					
3. Local anesthesia including regional block					
4. Incisional & excisional skin biopsy					
5. Ablative cutaneous surgery					
- cold knife					
- electrocoagulation					
- electrodesiccation					
- epilation					
6. Cryosurgery - benign & malignant lesions					
7. Salabrasion					

<b>DELINEATION OF PRIVILEGES</b> For use of this form, see AR 40-88, the proponent agency is OTSG (DA Form 5440A-R Must be Completed and Attached to this Form)		1. SPECIALTY <b>DERMATOLOGY</b>			
2. REQUESTED BY Signature: _____		3. DATE _____			
4. PRIVILEGES Assignment of clinical privileges will be based on education, clinical training, experience, and demonstrated competence.		5. RECOMMENDATIONS BY DEPT./SVS CHIEF			
		APPROVED WITHOUT LIMITATION	APPROVED REQUIRES OJAL SUPRV.	APPROVED WITH MODIFL CATIONS	NOT APPROVED
PART II (continued)					
8. Chemotherapy - cytostatic/cytotoxic agents					
- topical					
- injectable -local lesion treatment .					
- systemic					
- immunosuppressive agents					
9. Phototherapy					
- UVB					
- UVA					
- Psoralen + UVA					
10. Patch testing					
11. Photopatch testing					
12. Electrolysis					
13. Dermabrasion					
- localized					
- full face					
14. Grenz Ray therapy					
15. Chemical peels					
- acid peels					
- Phenol peels					
- other					
16. Hair transplantation					
17. Laser therapy/surgery (type CO <sub>2</sub> )					
18. Wedge excision lip					
19. Nail matrix surgery					
20. Grafts					
- pinch					
- split thickness					
- full thickness					
21. Lip shave/vermillionectomy					
22. Blepharoplasty					
23. Flaps					
24. Sclerotherapy					
25. Rhinophymectomy					
26. Collagen injection					
27. Interpretation of immunofluorescence, direct and indirect, on skin and mucosa					
OTHER (specify) _____					

**DELINEATION OF PRIVILEGES**

For use of this form, see AR 40-68, the proponent agency is OTSG (DA Form 5440A-R Must be Completed and Attached to this Form)

1. SPECIALTY

Cardiology

2. REQUESTED BY

3. DATE

Four categories (levels) of clinical privileges may be granted for cardiology.

**Category I.**

Uncomplicated illnesses or problems which have low risk to the patients. Non-specialists with little or no residency training but with reasonable experience in the care of these conditions.

**Category II.**

Category I and Major illnesses, injuries, conditions or procedures, but with no significant risk to life. Significant graduate training in the specialty related to the conditions, or considerable experience in the care of the conditions.

**Category III.**

Categories I and II and Major illnesses, conditions, or procedures which carry substantial threat to life. Board certification\* or other extensive training and experience in the care of these conditions. \*Completion of three-year residency training may be accepted in lieu of board certification for a period not to exceed five years following completion of training for accessions/appointments after 1982.

**Category IV.**

Categories I, II, and III. Unusually complex or critical diagnoses or treatment with serious threat to life. NOTE: If a practitioner is not granted privileges in Category III or IV, consultation with a physician in one of these categories is mandatory for a patient with a medical condition that increases surgical or anesthetic risk, when a surgical procedure is contemplated.

4. PRIVILEGES

Assignment of Clinical privileges will be based on education, clinical training, experience, and demonstrated competence.

5. RECOMMENDATIONS BY DEPT./SVS. CHIEF

APPROVED WITHOUT LIMITATION	APPROVED REQUIRES QUAL SUPRV.	APPROVED WITH MODIFI-CATIONS	NOT APPROVED
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Request category \_\_\_\_\_ cardiology privileges.

- \_\_\_\_\_ a. Arterial puncture and cannulation
- \_\_\_\_\_ b. Subclavian puncture
- \_\_\_\_\_ c. Cardiac Pacemaker (Transvenous), temporary
- \_\_\_\_\_ d. Cardiac Pacemaker (Transthoracic), temporary
- \_\_\_\_\_ e. Pericardiocentesis
- \_\_\_\_\_ f. Swan-Ganz catheterization


(DA Form 5440A-R Must be Completed and Attached to this Form)

Cardiology

2. REQUESTED BY

3. DATE

4. PRIVILEGES

5. RECOMMENDATIONS BY DEPT./SVS. CHIEF

Assignment of Clinical privileges will be based on education, clinical training, experience, and demonstrated competence.

APPROVED WITHOUT LIMITATION	APPROVED REQUIRES QUAL SUPRV.	APPROVED WITH MODIFI-CATIONS	NOT APPROVED
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- g. Echocardiography
  - Transthoracic
  - \*\*\*\*\* Transesophageal
  - Stress Echo
  - Dobutamine Echo
- h. ECG interpretation
- i. Endotracheal intubation
- j. Peripheral vascular studies (non-invasive)
- k. Graded Exercise Tolerance test
- l. Cardioversion
- m. Conscious Sedation

Other (Specify)

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EXCEPTIONS (Recommended by Department Chief)

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\*\*\*Beyond the scope of the GLWACH and can not be supported here at this time.