



Providence Hospital of North Houston

Print Name

Date

Privilege Request Form – Nurse Practitioner

SECTION I – GENERAL REQUIREMENTS NURSE PRACTITIONER

Basic Education: Nurse Practitioner

INITIAL APPOINTMENT

Minimal formal training and experience:

The Nurse Practitioner will practice with responsible supervision from the attending physician who will provide direction over the services and the performance of the individual Nurse Practitioner. The Nurse Practitioner will operate at all times within the scope of his/her professional license as dictated by the State of Texas.

Based on reasonable medical judgment, the supervising physician must be certain that the Nurse Practitioner is knowledgeable and skilled in performing the task(s) or procedures assigned.

Qualifications

- Documented verification of graduation from a Nurse Practitioner training program;
- Documented verification that the examination Medical Examiners was taken and passed;
- Current certification by the State Board for Nurse Practitioners;
- Current R.N. Licensure.

REAPPOINTMENT MAINTENANCE OF PRIVILEGE

- Demonstrated evidence of clinical activity from relevant professional practice evaluation during the past 24 months without significant quality variations, OR
- Satisfactory Annual reviews of performance from the sponsoring physician; and
- Ongoing maintenance of continuing medical education as it pertains to scope of license and specialty.



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SECTION II – PRIVILEGES REQUESTED

Procedures	Requested	Granted	Denied
Obtain a patient's history and perform a physical examination;			
Dictate history and physical;			
Order preoperative tests, medications, and preparations;			
Prescribe medications;			
Write admission orders and daily routine orders as instructed by the sponsoring practitioner with the exception of "No Codes." All orders to be countersigned by the sponsoring practitioner within (24) twenty-four hours;			
Document the patient's progress in the physician's progress notes;			
Assist the physician with patient rounds;			
Change patient dressings;			
Assist the sponsoring practitioner with diagnostic and therapeutic procedures; perform minor procedures:			
care for simple fractures;			
suture lacerations (except face and hands);			
remove sutures or skin clips;			
Insert and remove Foley catheter.			
Order x-rays;			
Write postoperative orders;			
Educate patients;			
Dictate discharge summary;			
Initiate CPR;			
Perform any other duties which do not require the exercise of independent medical judgment, as assigned by the sponsoring practitioner;			



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I have been approved for these procedures at the following hospitals/ambulatory surgery centers:

SECTION III - ACKNOWLEDGE OF PRACTITIONER:

I have requested only those specific privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at the Hospital. I hereby attest that the references, reports, records and information are available that verify my qualifications and competency to practice as requested.

I understand that:

1. In exercising any clinical privileges granted, I am constrained by any hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
2. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws.
3. The use of any other new, untried, or unproven procedure/treatment modality/instrumentation maybe performed or used, only after the regular credentialing process has been completed and the privilege to perform or use said procedure/treatment modality/instrumentation has been granted to the individual practitioner.

SUPERVISING PHYSICIAN (PRINTED NAME): _____



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PHONE # OF SUPERVISING PHYSICIAN: _____

SIGNATURE OF NURSE PRACTITIONER

DATE

SIGNATURE OF SUPERVISING PHYSICIAN

DATE

SECTION IV – RECOMMENDATIONS AND APPROVALS

Recommendation of the Medical Director:

I have reviewed the requested clinical privileges and supporting documentation for the above named applicant and recommend the following action on the privileges:

_____ Approval of all requested privileges

_____ Approval of the following privileges with conditions:

_____ Denial of the following privileges:

Medical Director

Date



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Recommendation of the Medical Executive Committee:

I have reviewed the requested clinical privileges and supporting documentation for the above named applicant and recommend the following action on the privileges:

_____ Approval of all requested privileges

_____ Approval of the following privileges with conditions:

_____ Denial of the following privileges:

Chief of Staff

Date

Decision of the Governing Board:

The Governing Board has reviewed the above recommendations regarding the requested clinical privileges and supporting documentation for the above named applicant and has:

_____ Granted all requested privileges

_____ Granted the following privileges with conditions:

_____ Denied the following privileges:



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Chairman of the Board

Date