



Providence Hospital of North Houston

Providence Hospital of North Houston

16750 Red Oak Drive
Houston, Texas 77090

Print Name

Date

Privilege Request Form – Physician Assistant - Certified

SECTION I – GENERAL REQUIREMENTS PHYSICIAN ASSISTANT

Basic Education: PA-C

INITIAL APPOINTMENT

Minimal formal training and experience:

- Graduation from a n approved Physician Assistant training program; AND
- Current license as a Physician Assistant issued by the Texas State Board of Physician Assistant Examiners; AND
- Certification by the National Commission on Certification of Physician Assistants.

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.

SECTION II – PRIVILEGES REQUESTED

Exercise of Clinical Privileges:

- Supervising physician must have received approval to supervise the Physician Assistant by the Texas State Board of Medical Examiners.
- May only be exercised upon request of the supervising physician and shall be carried out subject to the direct control and supervision of the practitioner.
- All order entries in medical record must be countersigned by the physician within 24 hours.



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- May assist the supervising physician during an operation within the scope of clinical duties granted by the hospital, but may not perform any porting of the procedure.

- Physician Assistants shall be documented and identified on the OR record as a PA-C.
May not:
 - Independently prescribe medications or treatments;
 - Serve as a substitute for the supervising physician;
 - Engage in the practice of medicine;
 - Make medical rounds in substitution for the supervising physician;
 - Inhibit or in any way interfere with the responsibilities and duties of the Hospital employee;
 - Establish an office, work space or location for exclusive use at the Hospital;
 - Independently admit or discharge patients; AND
 - Independently bill for services rendered.

Basic Privileges:

By requesting these privileges, the supervising physician is attesting that he/she has knowledge of the education, training, ability and competence of the Surgical Assistant. The physician is also attesting that granting these clinical privileges is consistent with current medical practice and will not adversely affect patient safety and that he/she shall be legally responsible and accountable for all of the clinical activities performed by the Surgical Assistant, including ensuring that the Surgical Assistant performs only those clinical privileges that have been approved and granted.

All clinical privileges shall be performed under the direct supervision of the supervising physician.



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Procedures	Requested	Granted	Denied
Dictate/write history and physical (to be countersigned by physician or physician-designee within twenty four hours).			
Dictate/write progress notes (to be countersigned by physician or physician-designee within twenty four hours).			
Dictate discharge summaries (to be countersigned by physician or physician-designee within twenty four hours).			
Interview patient for medical history			
Perform physical exam and evaluation (abnormal data to be transmitted to sponsoring physician).			
Initiate and transcribe orders of sponsoring physician (to be countersigned by physician or physician-designee within twenty four hours).			
Order routine studies, diagnostic tests and procedures (to be countersigned by physician or physician-designee within twenty four hours).			
Cleanse and dress wounds			
Suture minor wounds and lacerations (in presence of sponsoring physician).			
Remove sutures			
Insert and change catheters			
Administer IV fluids (under sponsoring physician's order).			
Observe frequency of vital signs and clinical observations			
Assist in management of injuries			
Assist in management of acute medical emergencies			
Other, please specify:			



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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): _____

PHONE # OF SUPERVISING PHYSICIAN: _____

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF SUPERVISING PHYSICIAN

DATE



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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

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:



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_____ 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:

Chairman of the Board

Date