

**UNMH Nurse Practitioner and Physician Assistant (CNP/PA)  
Women's Health Special Procedures (Appendix O) Clinical Privileges**

**Name:** \_\_\_\_\_ **Effective Dates: From** \_\_\_\_\_ **To** \_\_\_\_\_

*All new applicants must meet the following requirements as approved by the UNMH Board of Trustees, effective April 28, 2017:*

- Initial Privileges (initial appointment)**
- Renewal of Privileges (reappointment)**
- Expansion of Privileges (modification)**

**INSTRUCTIONS:**

**Applicant:** Check off the “requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

**Department Chair:** Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation.

**OTHER REQUIREMENTS:**

1. Note that privileges granted may only be exercised at UNM Hospitals and clinics that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

**QUALIFICATIONS FOR SPECIAL NON-CORE WOMEN'S HEALTH PROCEDURES**

**Initial Privileges:** To be eligible to apply for non-core privileges in women's health procedures, the applicant must meet the following criteria:

1. Current privileged with core privileges as a CNP or PA at UNM Hospitals and clinics; **AND**
2. Successful completion of training in requested procedures or documentation of a special course for requested procedures, accompanied with demonstrated proctoring for requested procedures with acceptable outcomes; **AND**
3. Required current experience: Demonstrate provision of care, reflective of the scope of privileges requested, for an acceptable volume of patients with acceptable outcomes during the past twelve (12) months.

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**Renewal of Privileges:** Demonstrated current competence and provision of care, reflective of the scope of privileges requested for an acceptable volume of patients with acceptable results, for the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

**NON-CORE PRIVILEGES: Endometrial Biopsy (EMB)**

Requested

**NON-CORE PRIVILEGES: Prenatal and Postpartum Care**

1. Perform physical exams, including vaginal, cervical, and rectal exams on pregnant patients.
2. Obtain cervical samples for pap smears, GBS and STD screening on pregnant patients.
3. Provide prenatal and postpartum care for low-risk patients within the guidelines established by the credentialing department.
4. Interpret fetal monitoring to include non-stress test.

Requested

**QUALIFICATIONS FOR SPECIAL NON-CORE PRIVILEGES FOR COLPOSCOPY:**

**Initial Privileges:** To be eligible to apply for non-core privileges in colposcopy, the applicant must meet the following criteria:

1. Documentation of successful completion of the American Society for Colposcopy and Cervical Pathology (ASCCP) Colposcopy Mentorship Program; **AND**
2. Required current experience: Demonstrate provision of care, reflective of the scope of privileges requested, for an acceptable volume of procedures with acceptable outcomes during the past twelve (12) months.

**Renewal of Privileges:** Demonstrated current competence and provision of care, reflective of the scope of privileges requested for an acceptable volume of patients with acceptable results, for the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

**NON-CORE PRIVILEGES: Colposcopy**

Requested

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**Acknowledgement of Practitioner**

I have requested only those clinical privileges for which, by education, training, current experience, and demonstrated performance, I am qualified to perform and for which I wish to exercise at UNM Hospitals and clinics. I understand that: a) in exercising any clinical privileges granted I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation; b) 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 or related documents.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

**Clinical Director/Division Chief Recommendation/Supervising Physician(s)**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and recommend action and presently requested above.

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Department Chair Recommendation**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges with the standard professional practice plan
- Recommend privileges with the standard professional practice plan and the conditions/modifications noted below
- Do not recommend the clinical privileges noted below

Explanation: \_\_\_\_\_

\_\_\_\_\_  
Department Chair Signature

\_\_\_\_\_  
Date Signed

**Criteria Approved by UNMH Board of Trustees on April 28, 2017**