

**UNMH Nurse Practitioner (CNP) and Physician Assistant (PA)
Opioid Replacement Non-Core Privilege (Appendix Q)**

Name: _____ **Effective Dates: From** _____ **To** _____

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees, effective July 21, 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 CNP AND PA OPIOID REPLACEMENT NON-CORE PROCEDURES:

Initial Privileges: To be eligible to apply for privileges for CNP and PA opioid replacement non-core privileges, the applicant must meet the following criteria:

1. Currently privileged with core privileges as a CNP or PA at UNM Hospitals and Clinics; **AND**
2. Successful completion of training in requested privilege(s), or documentation of a special course for requested privilege(s) accompanied with demonstrated proctoring for requested privilege(s) with acceptable outcomes; **AND**
3. Required current experience: Demonstrated current competency and provision of care, and evidence of an acceptable volume of requested privilege(s) with acceptable results in the past twelve (12) months.

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Renewal of Privileges: To be eligible to renew privileges, the applicant must meet the following criteria: Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, 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.

QUALIFICATIONS FOR METHADONE INITIATION:

Initial Privileges: To be eligible to apply for privileges for special non-core privileges for methadone initiation, the applicant must meet the following criteria:

1. Demonstrated current competence, with evidence of training.

Renewal of Privileges: To be eligible to renew privileges, the applicant must meet the following criteria: Current demonstrated competence, reflective of the scope of privileges requested, for the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: Methadone Initiation

Requested

QUALIFICATIONS FOR PRESCRIBING AND MANAGING BUPRENORPHINE:

Initial Privileges: To be eligible to apply for privileges for special non-core privileges for prescribing and managing buprenorphine, the applicant must meet the following criteria:

1. Demonstrated current competence, with evidence of training and appropriate designation on DEA license.

Renewal of Privileges: To be eligible to renew privileges, the applicant must meet the following criteria: Current demonstrated competence reflective of the scope of privileges requested, for the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: Prescribing and Managing Buprenorphine

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 UNMH 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

Supervising Physician/Clinical Director/Division Chief Recommendation(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 July 21, 2017