Privileges for Peace Corps Medical Officers-Certified Nurse Practitioner

Name: _____ _____

Please Print Your Name and Credentials *Country*

PRIVILEGES REQUESTED

Core Privileges – Privileges to perform duties for conditions that fall within the typical scope of a NP.

QUALIFICATIONS FOR PRIVILEGES

To be eligible for core privileges, the NP applicant must meet the following qualifications:

- Successful completion of a master's, post master's or doctoral level nursing degree
- Valid clinical RN licensure
- Valid nurse practitioner licensure and certification
- Applicable knowledge and experience

CORE PRIVILEGES

Privileges included in the Core: **

Privileges that fall within the typical scope of a NP practice include:
*(** Please strike out non-proficient privileges)*

- Patient triage
- Initiate life support when necessary
- Work collaboratively with a clinical advisor re: clinical diagnoses and patient management beyond scope of practice
- Maintain an adult immunization program
- Maintain current and complete documentation of clinical care
- Adhere to Peace Corps Medical Technical Guidelines
- Accompany medevacs when indicated
- Provide emotional support and short-term counseling
- Provide health education to Trainees/Volunteers
- Perform administrative functions of the health unit
- Accrue 20 or more hours of continuing education annually
- Perform comprehensive patient history taking and physical exam
- Assess, diagnose, and manage acute and chronic clinical issues
- Wart removal on extremities
- Pelvic/Bimanual exam and Pap smear
- Prescribe pharmacologic agents including controlled substances according to the Medical Technical Guidelines
- Peripheral venipuncture for lab work and IV administration of meds
- PPD placement and reading
- Preparation of thick and thin malaria smears
- Pulse oximeter and PEAK flow reading
- EKG tracing and interpretation
- Office diagnostics including commercial testing kits for HIV, urine dips, HCG, etc.
- Basic microscopy including UAs, wet mounts, stool
- Urethral catheterization
- Local infiltration anesthesia
- Simple laceration repair/I & D's
- Punch/Excisional/Shave biopsy
- Needle aspiration for culture
- Toenail removal
- Anoscopy
- IUD removal

**** On a separate sheet of paper, please describe any major, unexpected complications you have encountered for any of the Core Privileges you are requesting.**

ACKNOWLEDGEMENT OF PRACTITIONER:

I have requested only those clinical privileges for which, by education, training, current experience, and demonstrated performance, I am qualified to function as a Peace Corps Medical Officer and a NP.

I understand that in conducting any clinical privileges granted, I am constrained by the Peace Corps Office of Health Services policies and rules.

Applicant Signature: _____ _____

Please Sign Your Name Date

CLINICAL SERVICE RECOMMENDATION

Core Clinical Privileges

- ☐ Approved as requested
- ☐ Approved with modification(s) (specify below)
- ☐ Denied

_____

_____

I have reviewed the requested clinical privileges and supporting documentation for the above named practitioner and recommend action on the privileges as noted above:

_____ _____

Signature Date

Chair, Credentialing Committee

_____ _____

Signature Date

Medical Director, Office of Health Services