Name of Nurse Practitioner (Print)

To be eligible to apply for privileges as a Nurse Practitioner in OB/GYN Women’s Health, the applicant must currently possess Nurse Practitioner Core Privileges as a member of the Kaleida Health Medical/Dental Staff.

OB/GYN WOMEN’S HEALTH NURSE PRACTITIONER CORE PRIVILEGES

Provide care, treatment, and services consistent with OB/Gyn Women’s Health practice, including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling, and prescribing medications in accordance with New York State law for patients within the age group of patients seen by the collaborating physician. Nurse practitioners may write orders that include ongoing orders, discharge orders and admission orders under the physician’s service to the hospital. May assess, diagnose, monitor, promote health and protection from disease, and manage acute and chronic illness, including but not limited to the development of treatment plans, health counseling, and well women exams, assessment of breast masses, incontinence, infertility, osteoporosis, and prenatal and postpartum care for female patients within the age group of patients seen by their collaborating physician. They may access, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the Nurse Practitioner Core Privileges and such other procedures that are extensions of the same techniques and skills.

ADVANCED PRIVILEGES (see specific criteria)

Noncore privileges are requested individually in addition to requesting the core. Each individual requesting advanced privileges must meet the specific threshold criteria as applicable to the initial applicant or reapplicant. Each time a new privilege is requested, it may be requested by the Nurse Practitioner and recommended by the collaborating physician and forwarded to the Kaleida Health Medical Staff Office to be approved and appended to the advanced list of privileges.

Advanced Privileges – The following guidelines are required for each privilege requested:

1. Required previous experience: Demonstrated current competence and evidence on the performance of at least 3 (three) procedures in the past 12 months or direct supervision is required for the first 2 (two) procedures.
2. Maintenance of privilege: Demonstrated current competence and evidence of the performance of at least 5 (five) procedures within the past 24 months. Case list and documentation of current competence based on results of ongoing professional practice evaluation and outcomes.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Requested</th>
<th>Approved</th>
<th>Not Approved</th>
<th>Direct Supervision</th>
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<tbody>
<tr>
<td>Colposcopy</td>
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<td>Debridement and general care for superficial wounds and minor superficial surgical procedures</td>
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<td>Evaluation and treatment of common vaginal infections</td>
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<td>Fetal Monitoring Interpretation</td>
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<td>Insert or remove intrauterine device (IUD)</td>
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<tr>
<td>Insert or remove subcutaneous birth control</td>
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Name of Nurse Practitioner (Print)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Privilege</th>
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<tbody>
<tr>
<td>Perform amniotomy</td>
<td>✔️</td>
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<tr>
<td>Perform endometrial biopsy</td>
<td>✔️</td>
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<tr>
<td>Perform incision and drainage of superficial abscesses</td>
<td>✔️</td>
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<tr>
<td>Pregnancy testing and care before, during, and after pregnancy</td>
<td>✔️</td>
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<tr>
<td>Removal of skin clips or sutures</td>
<td>✔️</td>
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<td>Screen and refer for other health problems, including suspected sexual abuse and rape</td>
<td>✔️</td>
</tr>
<tr>
<td>Screen for high-risk pregnancies, pregnancy complications, and postpartum complications</td>
<td>✔️</td>
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<tr>
<td>STD screen and follow-up</td>
<td>✔️</td>
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To be completed for reappointment only:

I attest that I have reviewed the Practice Agreement previously submitted.
(check one of the following)

- No revisions are necessary; the agreement reflects current practices and protocols.
- Revisions have been made and an updated copy is attached.

THE COLLABORATING PHYSICIAN MUST COMPLETE THIS SECTION by checking one of the following:

- a) I, as collaborating physician, have personally observed ____________________________ (applicant’s name) in the clinical setting and can attest he/she has the cognitive skills appropriate.

- b) I, as collaborating physician, have not personally observed ____________________________ (applicant’s name) in the clinical setting and recommend he/she be given a six (6) month provisional approval with direct supervision at the end of which an attestation as to competence will be required.

Practitioner’s Name (Print)       Practitioner’s Signature         Date

Collaborating Physician’s Name (Print)       Collaborating Physician’s Signature         Date

Chief of Service Name (Print)       Chief of Service Signature         Date

Chairman, Allied Health Professional Committee       Date