APPLICATION FOR CLINICAL PRIVILEGES
Certified Nurse Midwife

Name: ____________________________

Date: ____________________________

Please Check One:

[ ] Initial Appointment  [ ] Reappointment

I am requesting clinical privileges to function as a Certified Nurse Midwife in

Department: ____________________________

Practice location(s): ____________________________

Supervising Physician(s): ____________________________

Collaborating Physician(s): ____________________________

To be eligible to request clinical privileges as a nurse practitioner, the applicant must meet the following minimum criteria:

1. Basic Education:  
   [ ] Registered Nurse  
   [ ] Successful completion of an accredited Master’s degree program or higher in an advanced practice nursing specialty.

2. Board Certification: Must be appropriately Board Certified in:
   [ ] Nurse Midwifery  
   [ ] Other: ____________________________

   Date Certified: ____________________________ Re-Certification: ____________________________

3. Licensure/certifications:  
   [ ] Tennessee RN license  
   [ ] Tennessee Advanced Practice Nursing license  
   [ ] DEA certificate if appropriate  
   [ ] National Provider Identification Number (NPI)

4. Faculty Appointment:  
   [ ] SOM  
   [ ] SON  
   [ ] NA

5. Practice guidelines:  
   [ ] Approved

6. Notice and Formulary:  
   [ ] Approved/Filed with Board of Nursing

7. Privileges requested for:  
   (a) Core: Inpatient and outpatient specialty specific Evaluation and Management (E & M) of patients
   (b) Non-Core: Advanced Procedures
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Delineation of privileges

Provides midwifery care to patients in the outpatient and inpatient clinical venues associated with Vanderbilt University Medical Center which include all ambulatory clinics, triage, labor and delivery, antepartum and postpartum units independently or collaboratively as indicated by approved practice guidelines.

Inpatient and Outpatient Evaluation and Management Core Privileges

- Obtain and document a health history;
- Perform and document complete, system-focused, or symptom-specific physical examination;
- Assess the need for and perform additional screening and diagnostic testing, based on initial assessment findings;
- Prioritize data collection;
- Perform daily rounds/clinic visits on assigned patient population;
- Document daily progress notes, plan of care, evaluation and discharge summary;
- Manage diagnostic tests through ordering and interpretation;
- Formulate differential diagnoses by priority;
- Prescribe appropriate pharmacologic and non-pharmacologic treatment modalities.
- Utilize evidence-based, approved practice protocols in planning and implementing care;
- Initiate appropriate referrals and consultations;
- Provide specialty specific consultation services upon request and within specialty scope of practice;
- Facilitate the patient’s transition between and within health care settings, such as admitting, transferring, and discharging patients.

Requesting Certified Nurse Midwife: _____________________________ Date: __________

Initial Appointment Attestation: I have instructed, observed, and supervised _____________________________ in the performance of core privileges. I attest that he/she is competent to function as a Certified Nurse Midwife in collaboration with the designated physician staff.

Reappointment Attestation: I attest that _____________________________ is competent to function as a Certified Nurse Midwife in collaboration with the designated physician staff.

Attestor: _____________________________ Date: __________

Approvals

Primary Supervising Physician: _____________________________ Date: __________

Division Chief: _____________________________ Date: __________

Department Chair: _____________________________ Date: __________