 APPLICATION FOR CLINICAL PRIVILEGES
NURSE PRACTITIONER

Name: ____________________________________________

Date: ____________________________________________

Please Check One:

☐ Initial Appointment  ☐ Reappointment

☐ Change of Department/Primary Supervising Physician

I am requesting clinical privileges to function as a nurse practitioner 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 a nursing specialty:
   ☐ Acute Care
   ☐ Adult
   ☐ Pediatric Acute
   ☐ Pediatric Primary
   ☐ Women’s health
   ☐ Psychiatric/mental health
   ☐ Geriatrics
   ☐ Family
   ☐ Neonatal
   ☐ Other:
   Date Certified: _______________ Date Recertified: _______________

3. Licensure/certifications: ☐ Tennessee RN license
   ☐ Tennessee Advanced Practice Nursing Certificate
   ☐ 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
APPLICATION FOR CLINICAL PRIVILEGES
NURSE PRACTITIONER

7. Privileges requested for:
   □ Core: Inpatient and outpatient specialty specific Evaluation and Management (E & M) of patients
   □ Advanced Procedures (separate document)

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.

Signature of Requesting Practitioner: ________________________________ Date: ____________

Reappointment Attestation: I have instructed, observed, and supervised ____________________________ in the performance of core privileges. I attest that he/she is competent to function independently and in consultation with the physician staff.

Approval Signatures

Preceptor: ________________________________ Date: ____________

Preceptor: ________________________________ Date: ____________

Primary Supervising Physician: ________________________________ Date: ____________

Inpatient and Outpatient Evaluation and Management Core Privileges

□ Approved  □ Denied

Division Chief: ________________________________ Date: ____________

Department Chair: ________________________________ Date: ____________