APPLICATION FOR CLINICAL PRIVILEGES
PHYSICIAN ASSISTANT

Name: 

Date: 

Please Check One:
☐ Initial Appointment  ☐ Reappointment

I am requesting clinical privileges to function as a physician assistant in

Department: 

Practice location(s):

Supervising Physician(s):

Collaborating Physician(s):

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

1. Basic Education:
   ☐ Successful completion of an accredited (ARC-PA) Physician Assistant certification program, or
   ☐ B.S degree in Physician Assistant studies, or
   ☐ Master’s degree in Physician Assistant studies, and/or sub specialty

2. Board Certification:
   Successful completion of the National Board Certification examination.
   Date Certified: __________  Date Recertified: __________

3. Licensure/certifications:
   ☐ Physician Assistant license issued by the Tennessee Board of Medical Examiners Committee on Physician Assistants
   ☐ DEA certificate
   ☐ National Provider Identification Number (NPI)

4. Faculty Appointment:
   ☐ SOM  ☐ SON  ☐ NA

5. Practice guidelines:
   ☐ Approved

6. Formulary
   ☐ Approved/Filed with Board of Medical Examiners Committee on Physician Assistants

7. Privileges requested for:
   ☐ Core: Inpatient and outpatient specialty specific Evaluation and Management (E & M) of patients
   ☐ Non-core: Advanced Procedures
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Inpatient and Outpatient Evaluation and Management Core Privileges: In collaboration and under the supervision of the designated physician(s)

- 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 Physician Assistant: _______________________________ 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 Physician Assistant in collaboration with the designated physician staff.

Reappointment Attestation: I attest that ____________________________ is competent to function as a Physician Assistant in collaboration with the designated physician staff.

Attestor: _______________________________ Date: __________

Approvals

Primary Supervising Physician: _______________________________ Date: __________

Division Chief: _______________________________ Date: __________

Department Chair: _______________________________ Date: __________