

Regions Hospital Delineation of Privileges Clinical Nurse Specialist

Applicant's Name: _____
Last First M.

- Instructions:
- Place a check-mark where indicated for each core group you are requesting.
 - Review *education and basic formal training* requirements to make sure you meet them.
 - Review *documentation and experience* requirements and be prepared to prove them.
 - ✓ Note all renewing applicants are required to provide evidence of their current ability to perform the privileges being requested.
 - ✓ When documentation of cases or procedures is required, attach said case/procedure logs.
 - Provide complete and accurate names and addresses where requested -- it will greatly assist how quickly our credentialing-specialist can process your requests.

Summary:

Core I – general privileges
Prescribing authority
Moderate sedation
Signature page

CORE I — General Privileges (check box if requesting)**Privileges**

Functions as an expert direct care provider, case manager, consultant, educator and researcher. The CNS provides care to individuals who have a known or predicted physiological alteration. The CNS has an in depth understanding of complex medical-surgical problems as well as interventions to manage and improve patient care. The practice includes diagnosing illness and disease, providing non-pharmacological treatment, including psychotherapy, promoting wellness and preventing illness and disease.

Basic education and minimal formal training

1. Current Registered Nurse and Advanced Practice licensure in Minnesota.
2. Completion of a clinical nurse specialist program.
3. Current national certification from one of the following:
 - American Nurses Credentialing Center
 - American Association of Critical Care Nurses
 - Oncology Nursing Certification Corporation
4. If applicant is a new graduate of a clinical nurse specialist program, he/she must supply evidence of eligibility and intent of taking the national certification exam with a specified time period not to exceed 6 months. Individuals falling into this category are not eligible to prescribe drugs or therapeutic devices during this period.

Required documentation and experience**NEW APPLICANTS**

1. Provide contact information for one physician and one CNS whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

Name: _____

Name: _____

Name of Facility: _____

Name of Facility: _____

Address: _____

Address: _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

Email: _____

Email: _____

REAPPOINTMENT APPLICANTS

1. Provide contact information for a physician whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

Name: _____

Name of Facility: _____

Address: _____

Phone: _____ Fax: _____

Email _____

Prescribing Authority (check box if requesting)

Privileges
Prescribe and administer drugs and therapeutic devices within authorized scope of practice.
Basic education and minimal formal training
<ol style="list-style-type: none"> 1. Same as Core I 2. Completion of no less than 30 hours of formal study from a college, university or university health care institution, which included the following: instruction in health assessment, medication classifications, indications, dosages, contraindications, and side-effects; supervised practice; and competence evaluation, including evidence of the application of knowledge pertaining to prescribing for and therapeutic management of the clinical type of patients in the certified clinical nurse specialist's practice or for Psychiatric Clinical Nurse Specialists only: Completion of no less than 30 hours of formal study in the prescribing of psychotropic medications and medications to treat their side effects which included instruction in health assessment, psychotropic classifications, psychopharmacology, indications, dosages, contradictions, side effects, and evidence of application. 3. Current DEA registration
Required documentation and experience
<p>NEW APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide copy of current DEA registration <p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide copy of current DEA registration

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which – by education training, current experience and demonstrated performance – I am qualified to perform and that I wish to exercise at Regions Hospital. I understand that:

1. In exercising any clinical privilege granted, I am governed by Regions Hospital and Regions Medical Staff policies and rules applicable generally and any applicable to the particular situation.
2. In an emergent situation I may perform a procedure for which I am not privileged when no practitioner holding the applicable privilege is available to respond to the emergency.

I agree to supply Regions Hospital Medical Staff Services (or designee) with all the information that has been requested of me for the privileges that I have applied for. I also understand that my application for privileges will not proceed until the information is received.

Signature

Date

Regions Hospital
 Allied Health Practitioner
 Delineation of Privileges
 Moderate Sedation

Privilege
<input type="checkbox"/> Administer and manage moderate sedation/analgesia, a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accomplished by light tactile stimulation. A patent airway is maintained and spontaneous ventilation is adequate. Cardiovascular function is always maintained.
Basic education and minimal formal training
<ol style="list-style-type: none"> 1. PA-C, NP, CNS 2. Successful completion of advanced practice degree / certification 3. Current ACLS, PALS or ATLS certification
Required documentation and experience
<p>NEW APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of successful completion of an examination provided by the Regions medical staff services <i>Or</i> Document experience by providing one of the following: <ul style="list-style-type: none"> • Evidence of successful completion of a moderate sedation test with passing score from another hospital; • Governing board letter from another hospital indicating the applicant has moderate sedation privileges; • Letter from Medical Staff Office at another hospital indicating specifically that the practitioner has moderate sedation privileges and the date they were granted; • If a recent graduate, attestation of competency from program director. 2. Provide documentation of current ACLS, PALS or ATLS certification. <p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of performing moderate sedation for at least ten (10) patients within the past 24 months; <i>Or</i> Provide documentation from Division/Section Head that attests to ongoing current competence. 2. Provide documentation of current ACLS, PALS or ATLS certification.

TO BE COMPLETED BY APPLICANT: I agree to supply Regions Hospital Credentialing Office (or designee) with all of the information being requested of me for the privileges I am applying for. I understand my application for privileges will not proceed until the information is received.

 Signature Date

TO BE COMPLETED BY REGIONS HOSPITAL DIVISION/SECTION HEAD AT TIME OF REVIEW AND APPROVAL: I have reviewed and/or discussed the privileges requested and find them to be commensurate with this applicant's training and experience. I recommend this application proceed.

 Signature Date