Name:_____ Date:_____

UNIVERSITY OF MARYLAND MEDICAL CENTER
Specified Services for Nurse Practitioners

This form should accompany your State Approved Nurse Practitioner Attestation and must coincide with what has been approved by the Maryland Board of Nursing

Name: _____ **Date:** _____

Department: _____ **Section:** _____

Area of Certification: _____ **Certification Date:** _____

Certifying Organization: _____ **Certification Number (required):**_____

State Approved Attestation On File: _____ **(to be completed by Medical Staff Services)**

Specified Services	Check (√) if Requested	Chair Approval Initial if Yes Write Not Approved if No
Category 0: In the case of an emergency, any member of the Affiliate Staff, to the degree permitted by his/her license and regardless of Affiliate Staff status, service or clinical privileges, shall be permitted to do everything possible to save the life of a patient or to save a patient from serious harm. ****Approved per the Medical Staff Bylaws***	✓	✓
Category I – Core Privileges		
NP – Core Privileges Criteria: To be eligible for core privileges, applicants must have completed a CCNE or NLN accredited NP program and be nationally certified in the specialty. **Core Privileges Include the Following:** Obtains complete history and physical examinations of patients Establishes medical diagnosis for common short-term or chronic stable health problems Orders: Laboratory and/or Diagnostic Tests Interprets basic laboratory and/or diagnostic procedures Establishes treatment plan with full prescriptive authority Implements treatment plan Performs therapeutic interventions Communicates with the patient, family and interdisciplinary team to optimize treatment.		

Name:_____ Date:_____

Moderate (Conscious) Sedation: All Nurse Practitioner Specialties

Request	Privilege	Approved Procedure: **Chair Approval: Initial if Yes Write Not Approved if No**
	Providers who are prescribing or administering controlled substances during procedures MUST request this privilege. Criteria for Approval: 1. Proof of Current BLS, PALS, or NRP certification *(please attach)* 2. Completion of Age-Appropriate Moderate Sedation Education in-service every two years. *(required for appointment and reappointment)* 3. For initial credentialing, documentation of supervised performance	

Category II –Procedural Skills: ***Adult/Acute Care/Family/Psych/Women's Health NP***
Copies of Simulation/Competency logs must be included.

[ ] Initial Appointment [ ] Requesting additional Skills [ ] Reappointment

Request	Privilege	Approved Procedure: **Chair Approval: Initial if Yes Write Not Approved if No**
	Arterial Pressure Monitoring Catheters	
	Dermal or Bone Marrow Biopsies	
	Central Line Insertion	
	Chest Tube Insertion	
	Dental Blocks	
	Incision and Drainage of Abscess	
	Intra-Aortic Balloon Pump Removal	
	Intra-Ventricular Catheter Placement	
	Joint Aspiration	
	Lumbar Puncture	
	Paracentesis	
	Pulmonary Artery Catheters	
	Removal of Foreign Bodies: Wound	
	Splinting of Extremities	
	Suturing: Simple Wound Closure	
	Suturing: Complex Wound Closure	
	Thoracentesis	
	Ultrasound: Beside FAST Technique	
	Wound Debridement and Wash-Out	

Name:_____ Date:_____

Category II –Procedural Skills: Women's/Neonatal/Pediatric Nurse Practitioner Specialties (as listed below)
Copies of Simulation/Competency logs must be included.

[ ] Initial Appointment [ ] Requesting additional Skills [ ] Reappointment

Request	Privilege	Approved Procedure: **Chair Approval Initial if Yes Write Not Approved if No**
	Women's Health	
	Endometrial Biopsy	
	Neonatology	
	Arterial Puncture	
	Arterial Line Placement-Peripheral	
	Chest Tube Insertion	
	Endotracheal Intubation	
	Lumbar Puncture	
	Paracentesis	
	Suprapubic Bladder Tap	
	Thoracentesis	
	Umbilical Arterial Catheter Insertion	
	Umbilical Venous Catheter Insertion	
	Pediatric Acute/Specialty Care	
	Arterial Puncture	
	Lumbar Puncture	
	Pediatric Cardiac Surgery	
	Chest Tube Insertion	
	Complex Wound Management	
	Epicardial Pacing Wire Removal	
	Transthoracic Catheter Removal	
	Pediatric Critical Care	
	Arterial Puncture	
	Arterial Line Placement-Peripheral	
	Central Line Placement	
	Chest Tube Insertion	
	Endotracheal Intubation	
	Lumbar Puncture	
	Thoracentesis	
	Ultrasound: Beside FAST Technique	

Name:_____ Date:_____

_____ _____
Applicant's Signature Date

_____ _____
NP Manager Signature Date

_____ _____
Collaborating Physician Date

_____ _____
Division Chief *(if applicable)* Date

_____ _____
Chairman Date

_____ _____
Applicant's Confirming Signature Date
(required if any requested service is not approved)

Revised 12/2013

Name:_____ Date:_____

UMMC Credentialing of Nurse Practitioners for Invasive Procedures: Appendix I

New Procedure and Competency Check List

Nurse Practitioner Name: _____

To obtain approval for procedures not previously approved. You may use this form to document any new procedure(s), and submit to the Board. Do not include a procedure on the written agreement until competency has been obtained. Submission of this form will indicate that this procedure is to be added to the current agreement.

*Title of Procedure**:*** _____

*Education Program:*_____ *Dates*_____

*Workshop:*_____*Dates* _____

Other: _____*Dates* _____

Date	***Observed***	***Performed***	***Evaluated By***	***Comments***

(Use additional paper if necessary)

I *certify that* _____ *has performed the above procedure and is able to carry out the procedure* ***competently and*** *independently.*

_____

Signature of collaborating physician or Senior Supervising Nurse Practitioner Indicating competency to perform procedure independently and who witnessed the final procedure — Print Name — Date

_____

Signature of the Physician-In-Chief of Shock Trauma Center, Director of Critical Care ***or*** By the Director of the Medical Intensive Care Unit. — Print Name — Date

Name:_____ Date:_____

Education and Supervised Procedure Requirements for Credentialing Nurse Practitioners:
Initial Procedural Credentialing: All NPs/PAs without prior procedural privileges must complete the relevant MASTRI (Simulation program) procedural training and then demonstrate successful completion of the minimum number of supervised, required procedures, prior to requesting the procedural privileges**.**

Re-Credentialing or Newly Hired NPs with MBON approval for procedure (outside facility):
NP/PA not having documentation of 10 successful (uncomplicated) procedural competencies must attend the MASTRI program and re-credential at the minimum number of supervised procedures requested.

Procedure	**Education program**	**Minimum number of supervised procedures prior to credentialing**
Arterial Pressure Monitoring Catheters	Successfully completes MASTRI Arterial line-specific training and waveform interpretation clinical skills workshop	5
Central Venous Catheters	Successfully completes MASTRI CVC-specific training.	5
Incision and Drainage of abscess	Successful completion of I&D training first.	3
Intra-Aortic Balloon Pump Removal	Didactic education obtained from collaborating physician or designee	5
Lumbar Puncture	Successfully completes MASTRI training first.	5
Open Thoracostomy Tubes	Successfully completes MASTRI Thoracostomy tube insertion training	8
Paracentesis	Successfully completes MASTRI training first.	5
Pulmonary Artery Catheters	Successfully completes MASTRI PA catheter training	8
Seldinger (pig-tail) Thoracostomy tubes	Successfully completes MASTRI Seldinger insertion training	5
Suturing-wound closure	Successful completion of Suture Workshop and then demonstration of wound closure	5
Thoracentesis	Successfully completes MASTRI Thoracentesis training	8

Other Procedures: If an NP would like to become credentialed in a procedure not listed above, he/she must work with the supervising physician or nurse practitioner to develop an educational program, receive didactic education, and perform an agreed upon number of supervised procedures. As with any procedure, before being performed independently, the NP must obtain approval from the Maryland Board of Nursing and request this privilege through the UMMC Medical Staff Office.

The New Procedure and Competency Checklist (Appendix I) must be submitted along with delineation.