

Loma Linda University Medical Center
 Allied Health Professional
 Physician Assistant Practicing within Emergency Medicine Services
 Physician Assistant Practice Privilege Request Form
To Be Completed By Supervising Physician

Physician Assistant Name: _____ License # _____

Supervising Physician Name: _____ Specialty: Emergency Medicine

As the Supervising Physician for the above listed Physician Assistant (PA), I hereby request the above listed PA to be permitted to perform and/or assist me as listed below:

Under the responsibility and supervision of the Supervising Physician perform selected diagnostic and therapeutic tasks. This includes taking a thorough, focused and accurate history, performing a thorough and focused physical examination, and documenting and presenting pertinent data in a manner meaningful to the Supervising Physician.

An Assistant to the Supervising Physician should have an understanding of the socio-economics of medicine, of the roles of the various health personnel, and of the ethics and laws under which medicine is practiced and governed.

REQUESTED		DISCIPLINE SPECIFIC PRACTICE PRIVILEGES	ACTION		
YES	NO		Approved	Conditions	Defer
Perform and/or assist in the performance of the following routine laboratory and screening techniques.					
		Perform History & Physical; Develop Assessment & Plan			
		Recognize and evaluate situations which require immediate attention of Physician			
		Discharge patients			
		Perform medical screening exams and give clearance to psychiatric patients			
		Order radiologic studies including x-ray, ultrasound, CT, and MRI			
		Order laboratory studies including as blood, urine, and bodily fluid tests			
		Order medical studies including ECG			
		Lumbar Puncture			
		Write specific orders and prescriptions			
Perform the following routine therapeutic procedures.					
		Simple wound management including debridement, suturing, and removal of sutures			
		Simple abscess management including incision & drainage, and removal or changing of packing material			
		Toe Nail Removal			
		Subcutaneous and intramuscular injections			
		Employee exposure protocol			
Assist the Supervising Physician with the following:					
		Facilitate physician's referral of patients to appropriate healthcare facilities and specialists			
		Complete forms pertinent to patient's medical record			
		Instruct and counsel patients regarding physician and mental health, and in understanding the long term management of their condition			

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Print Name _____ Practice Specialty _____

Acknowledgment:

In accordance with the provisions of Section 3055 of the Business and Professions Code, I am licensed as a Physician Assistant in the State of California and subject to the Laws and the rules and regulations of the California licensing agency. I acknowledge that I have received a copy of the Medical Staff Bylaws and Rules and Regulations, and agree to be bound by the terms of the Bylaws of the Medical Staff and of the hospital and all other manuals and policies relevant to practice privileges at Loma Linda University Medical Center under the AHP category.

I have requested only those specific practice privileges for which by education, training, current experience and demonstrated performance for which I am qualified and wish to exercise at Loma Linda University Medical Center, Inc.; **and**
I understand that in exercising any clinical practice privileges granted, I am constrained by any hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

Applicant Signature

Date

RECOMMENDED BY:

Supervising Physician Signature

Print Name

Date

Service Chief Signature

Date

Credentials Committee Chair

Date

Medical Staff Executive Committee Chair

Date

APPROVED BY:

Governing Board Officer/Designee

Date

Medstaff/Priv/AHP Priv/PF-AHP-/Physician Asst Emergency Med 5-17-11 FINAL

Reformatted 5-31-01. Revised 5-04; 11-04; 1-06; 12-11-07 Revised to blanks; 10-26-10; Add Lumbar Puncture 3-29-11;
Add Med Screen Psych 5-17-11/sm