

**UNIVERSITY OF MARYLAND MEDICAL CENTER**  
**Specified Services for**  
**Nurse Practitioners**

**\*This form should accompany your State Approved Nurse Practitioner Written Agreement  
and must coincide with what has been approved by the State\***

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Section:** \_\_\_\_\_

**Area of Certification:** \_\_\_\_\_ **Certification Date:** \_\_\_\_\_

**Certifying Organization:** \_\_\_\_\_

**State Approved Written Agreement on File:** \_\_\_\_\_ (to be completed by Medical Staff Services)

Specified Services	Check ( ✓ ) if Requested	Chair Approval Initial if Yes Write Not Approved if No
Comprehensive Physical Assessments of Patients		
Establish medical diagnosis for common short-term or chronic stable health problems		
<b>Orders</b> Laboratory and/or Diagnostic Procedures		
Blood Tests		
Urine Tests		
Tests of Other Body Fluids		
X-Rays		
CAT Scans		
MRI		
ECGs		
EEGs		
Doppler Studies		
Sonograms		
Mammograms		
Colonoscopies		
Biopsies		
<b>Interprets</b> special laboratory and/or diagnostic procedures <i>(checking yes means that you are interpreting other than basic laboratory tests such as blood, urine, stool, sputum, exudates, and ECGs. It does not refer to reviewing a radiologist's or specialist's report and applying it to patient's plan of care). Copy of New Procedure and Competency Checklist from State Agreement must be attached</i>		
Specify:		



Name: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Collaborating Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division Chief *(if applicable)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairman

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Confirming Signature  
*(required if any requested service is not approved)*

\_\_\_\_\_  
Date

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please check which categories of drugs you plan to prescribe (subject to approval by Department Chair and State Approved Written Agreement):

- |   |  |
|---|--|
| <input type="checkbox"/> Analgesics/non-narcotic and NSAIDS | <input type="checkbox"/> Gastrointestinal  |
| <input type="checkbox"/> Analgesics/narcoid and opioid      | <input type="checkbox"/> Hematinics  |
| <input type="checkbox"/> Anesthetics, local                 | <input type="checkbox"/> Hemorrhoidal preparations                                 |
| <input type="checkbox"/> Antianxiety agents                 | <input type="checkbox"/> Hormonal drugs and preparations                           |
| <input type="checkbox"/> Antibiotics                        | <input type="checkbox"/> Hypnotic/Sedatives  |
| <input type="checkbox"/> Antibacterials                     | <input type="checkbox"/> Immunizations/biologicals                                 |
| <input type="checkbox"/> Antibiotic Potentiator             | <input type="checkbox"/> Intravenous fluids and electrolytes                       |
| <input type="checkbox"/> Anticoagulants                     | <input type="checkbox"/> Laxatives   |
| <input type="checkbox"/> Antidiarrheals                     | <input type="checkbox"/> Magnesium Sulfate   |
| <input type="checkbox"/> Antiemetics                        | <input type="checkbox"/> Narcotic Potentiators                                     |
| <input type="checkbox"/> Anti-fungals                       | <input type="checkbox"/> Nasal drugs/vasoconstrictors                              |
| <input type="checkbox"/> Antihelminitics                    | <input type="checkbox"/> Ophthalmic, otic anti-infectives, and anti-inflammatories |
| <input type="checkbox"/> Antihistamines                     | <input type="checkbox"/> Oxytocics   |
| <input type="checkbox"/> Anti-inflammatory                  | <input type="checkbox"/> Pediculocides and Scabicides                              |
| <input type="checkbox"/> Antinauseants                      | <input type="checkbox"/> Rhogam  |
| <input type="checkbox"/> Antituberculars                    | <input type="checkbox"/> Silver nitrate drops                                      |
| <input type="checkbox"/> Antitussives & Expectorants        | <input type="checkbox"/> Smoking cessation drugs                                   |
| <input type="checkbox"/> Anti-ulcer drugs                   | <input type="checkbox"/> Steroids-Topical  |
| <input type="checkbox"/> Antivirals                         | <input type="checkbox"/> Tocolytic agents  |
| <input type="checkbox"/> Blood Products                     | <input type="checkbox"/> Vaginal creams  |
| <input type="checkbox"/> Calcium gluconate                  | <input type="checkbox"/> Vitamins and minerals                                     |
| <input type="checkbox"/> Contraceptives                     | <input type="checkbox"/> Bronchodilators   |
| <input type="checkbox"/> Corticosteroids                    | <input type="checkbox"/> Antihypertensives   |
| <input type="checkbox"/> Decongestants                      | <input type="checkbox"/> Antidepressants   |
| <input type="checkbox"/> Dermatologic preparations          |  |
| <input type="checkbox"/> Epinephrine                        |  |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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 it 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** \_\_\_\_\_

<i>Date</i>	<i>Observed</i>	<i>Performed</i>	<i>Evaluated By</i>	<i>Comments</i>

(Use additional paper if necessary)

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

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Signature of Collaborating physician or supervising nurse practitioner indicating competency to perform procedure independently	Print Name	Date
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Signature of the Physician-in-Chief of the Shock Trauma Center, the Director of Critical Care, <i>or</i> by the Director of the Medical Intensive Care Unit.	Print Name	Date
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**UMMC Credentialing of Nurse Practitioners for Invasive Procedures: Appendix II**

**Education and Supervised Procedure Requirements for Credentialing Nurse Practitioners**

<b>Procedure</b>	<b>Education program</b>	<b>Minimum number of supervised procedures prior to credentialing</b>
Central Venous Catheters	Complete the on line education pertaining to Central Venous Catheters found at <a href="http://safetycenter.umm.edu">http://safetycenter.umm.edu</a> . To obtain access call 6-1859, or e-mail <a href="mailto:sseeb001@umaryland.edu">sseeb001@umaryland.edu</a> .	10
Arterial Pressure Monitoring Catheters	Complete the on line education found at <a href="http://content.nejm.org/cgi/content/video_preview/354/15/e13">http://content.nejm.org/cgi/content/video_preview/354/15/e13</a>	10
Pulmonary Artery Catheters	Complete the on line education found at <a href="http://www.pacep.org/pages/start/ref.html?xin=sccm">http://www.pacep.org/pages/start/ref.html?xin=sccm</a>	10
Open Thoracostomy Tubes	Complete the on line education pertaining to open thoracostomy tubes found at <a href="http://safetycenter.umm.edu">http://safetycenter.umm.edu</a> . To obtain access call 6-1859, or e-mail <a href="mailto:sseeb001@umaryland.edu">sseeb001@umaryland.edu</a> .	10
Seldinger (pig-tail) Thoracostomy tubes	Complete the on line education pertaining to open thoracostomy tubes found at <a href="http://safetycenter.umm.edu">http://safetycenter.umm.edu</a> . To obtain access call 6-1859, or e-mail <a href="mailto:sseeb001@umaryland.edu">sseeb001@umaryland.edu</a> .	5
Thoracentesis	Complete the on line education found at <a href="http://content.nejm.org/cgi/content/short/355/15/e16">http://content.nejm.org/cgi/content/short/355/15/e16</a>	10
Intra-Aortic Balloon Pump Removal	Didactic education obtained from collaborating physician or designee	5
Suturing-wound closure	Complete the on line education found at <a href="http://content.nejm.org/cgi/content/short/355/17/e18">http://content.nejm.org/cgi/content/short/355/17/e18</a>	8
Lumbar Puncture	Complete the on line education found at <a href="http://content.nejm.org/cgi/content/short/355/13/e12">http://content.nejm.org/cgi/content/short/355/13/e12</a>	10
Incision and Drainage of abscess	Complete the on line education found at <a href="http://content.nejm.org/cgi/content/video_preview/357/19/e20">http://content.nejm.org/cgi/content/video_preview/357/19/e20</a>	5

**Other Procedures:** If a NP would like to become credentialed in a procedure not listed above, they must work with their 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 the UMMC Medical Staff Office.

**Examples of Other Procedures include but is not limited to:**

- Bronchoscopy
- Intubation
- Peripherally Inserted Central Catheter
- Opening Sternotomy
- Vein Harvesting
- Splinting of Extremities
- Wound Debridement and Wash-out

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