

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

**For New Graduate NPs: \*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)

Request	Specified Services	Approved Procedure: <b>Chair Approval: Initial if Yes</b> <b>Write Not Approved if No</b>
✓	<p><b>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</b></p>	✓
<b>Category I – Core Privileges</b>		
	<p><b>NP – Core Privileges Criteria:</b> To be eligible for core privileges, applicants must have completed a CCNE or NLN accredited NP program and be nationally certified in the specialty.</p> <p><b>Core Privileges Include the Following:</b>            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.</p>	

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

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

**Moderate (Conscious) Sedation: All Nurse Practitioner Specialties**

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

**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: <b>Chair Approval: Initial if Yes Write Not Approved if No</b>
	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
	<b>Women’s Health</b>	
	Endometrial Biopsy	
	<b>Neonatology</b>	
	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	
	<b>Pediatric Acute/Specialty Care</b>	
	Arterial Puncture	
	Lumbar Puncture	
	<b>Pediatric Cardiac Surgery</b>	
	Chest Tube Insertion	
	Complex Wound Management	
	Epicardial Pacing Wire Removal	
	Transthoracic Catheter Removal	
	<b>Pediatric Critical Care</b>	
	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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairman

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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 Medical Staff Office. 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**.

Signature of 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 Advanced Practice Providers:**

**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**

**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.

<b>Procedure</b>	<b>Education program</b>	<b>Minimum number of supervised procedures prior to credentialing</b>
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.

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