

Please list any limitations or comments you may have on a separate sheet

IDENTIFYING INFORMATION	Last Name	First name	Middle name	Previous Surname
				Date of Birth
CERTIFICATIONS	<input type="checkbox"/> BLS expires: _____ <input type="checkbox"/> ACLS expires: _____ <input type="checkbox"/> PALS expires: _____			
POPULATIONS WORKED WITH	<input type="checkbox"/> Adults <input type="checkbox"/> Pediatrics			
AREAS OF INTEREST	<input type="checkbox"/> Reactive Airway Conditions <input type="checkbox"/> Gastrointestinal Conditions <input type="checkbox"/> Dermatologic Conditions <input type="checkbox"/> Autoimmune Conditions			
<b>SCOPE OF PRACTICE</b> Please be aware that this form constitutes your application to be credentialed for specific areas and procedures while on assignments through CompHealth. The Credentialing Committee may not consider for approval clinical capabilities where a box is not checked, or where indicated, a number is not provided.	<b><u>Please check the box indicating which clinical capabilities you are able to perform, and where indicated, list the approximate number performed within the last 24 months.</u></b>			
	<b><u>Allergy/ Immunology*</u></b>			
	<input type="checkbox"/> Outpatient settings			
	<input type="checkbox"/> Inpatient settings			
	<b><u>Internal Medicine</u></b>			
	<input type="checkbox"/> Diagnosis and management of medical problems associated with allergic/immunologic conditions in an outpatient setting			
	<input type="checkbox"/> Independent care of uncomplicated medical problems associated with allergic/immunologic conditions in an inpatient setting			
	<b><u>Procedures</u></b>			
	<input type="checkbox"/> Skin testing			
	<input type="checkbox"/> Immediate hypersensitivity			
	<input type="checkbox"/> Delayed hypersensitivity			
	<input type="checkbox"/> Desensitization therapy			
	<input type="checkbox"/> Rapid			
	<input type="checkbox"/> Pulmonary function studies      #			
<input type="checkbox"/> Spirometry only				
<input type="checkbox"/> Bronchial provocation				
<input type="checkbox"/> Rhinolaryngoscopy      #				
<input type="checkbox"/> Immunotherapy      #				
<input type="checkbox"/> IVIG				

\* **DEFINITION:** Allergy/Immunology – Diagnosis and treatment of conditions such as allergies (drug, environmental, food, etc.), asthma, and autoimmune processes

I affirm that all information given on this page is true and accurate.

Initials \_\_\_\_\_ Date \_\_\_\_\_