



**CLINICAL CAPABILITIES**

**Primary Care**

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

<b>IDENTIFYING INFORMATION</b>	Last Name		First name		Middle name		Previous Surname		
					Date of Birth				
<b>CERTIFICATIONS</b>	<input type="checkbox"/> BLS expires: _____	<input type="checkbox"/> ACLS expires: _____	<input type="checkbox"/> ATLS expires: _____	<input type="checkbox"/> ABLIS expires: _____	<input type="checkbox"/> PALS/APLS expires: _____	<input type="checkbox"/> NRP expires: _____			
<b>AREAS OF INTEREST:</b>	<input type="checkbox"/> Inpatient medicine <input type="checkbox"/> Hospitalist <input type="checkbox"/> ICU/CCU		<input type="checkbox"/> Outpatient medicine <input type="checkbox"/> Occupational medicine <input type="checkbox"/> HMO/managed care		<input type="checkbox"/> Acute ambulatory care (urgent) <input type="checkbox"/> Rural medicine				
<b>SCOPE OF PRACTICE</b>	<p><b>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.</b></p>								
<ul style="list-style-type: none"> <li>• Family Practice</li> <li>• Internal Medicine</li> <li>• Occupational Medicine</li> </ul> <p><i>Please be aware that this form constitutes your application to be credentialed for specific areas and procedures while on assignments through CompHealth.</i></p> <p><i>The Credentialing Committee may not consider for approval clinical capabilities where a box is not checked, or where indicated, a number is not provided.</i></p>	<input checked="" type="checkbox"/> <b>Clinical Area/Procedure:</b>				<input checked="" type="checkbox"/> <b>Clinical Area/Procedure:</b>				
	<b>Medicine:</b>				<b>Occupational Medicine:</b>				
	<input type="checkbox"/> Adult outpatient				<input type="checkbox"/> Employment physicals				
	<input type="checkbox"/> Adult inpatient				<input type="checkbox"/> Disability exams				
	<input type="checkbox"/> w/out ICU/CCU				<input type="checkbox"/> Diagnosis and management of common industrial-related medical problems				
	<input type="checkbox"/> with ICU/CCU								
	<b>Pediatric:</b>				<b>OB:</b>				
	<input type="checkbox"/> Newborn care (>2000 gms)				<input type="checkbox"/> Prenatal care				
	<input type="checkbox"/> General inpatient				Date of last delivery:				
	<input type="checkbox"/> General outpatient				**Physicians who recently completed residency must provide the last 36 months		<u>Within last 12 months</u>	<u>Last 12-24 months</u>	<u>Last 24-36 months**</u>
	<input type="checkbox"/> Newborn resuscitation				Vaginal Deliveries		#	#	#
	<b>GYN:</b>				C-sections:		#	#	#
	<input type="checkbox"/> Pelvic exam / pap smear				VBAC:		#	#	#
	<input type="checkbox"/> Colposcopy				Instrument assisted deliveries (forceps, vacuum, etc.):		#	#	#
	<input type="checkbox"/> Endometrial biopsy				Ultrasounds:		#	#	#
	<input type="checkbox"/> IUD insertion and removal								
	<input type="checkbox"/> D&C								
	<b>Orthopedic</b>				<input checked="" type="checkbox"/> <b>Procedures:</b>				
	<input type="checkbox"/> Non-displaced fractures				<input type="checkbox"/> Ventilation management* #				
	<input type="checkbox"/> Trigger Point / Joint injections				<input type="checkbox"/> Evaluation and management of acute volume / BP issues				
				Insertion of:					
<b>Surgery:</b>				<input type="checkbox"/> Central Line #					
<input type="checkbox"/> Surgical assisting				<input type="checkbox"/> Arterial Line #					
<input type="checkbox"/> Skin/tissue biopsy				<input type="checkbox"/> PA Catheter #					
<input type="checkbox"/> Suturing of minor lacerations				<input type="checkbox"/> EKG Interpretation (Unofficial) #					
<input type="checkbox"/> I & D (Incision and Drainage)				Diagnostic/therapeutic taps:					
				<input type="checkbox"/> Lumbar puncture					
<b>Psychiatric:</b>				<input type="checkbox"/> Paracentesis #					
<input type="checkbox"/> Uncomplicated adult				<input type="checkbox"/> Thoracentesis #					
<input type="checkbox"/> Uncomplicated child/adolescent									
<input type="checkbox"/> Uncomplicated geriatric									
				*Ventilation management – establishing and maintaining an airway; various modes of ventilation for up to 24 hours without pulmonary consultation					