

Pulmonology/Pulmonary Critical Care

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: _____ <input type="checkbox"/> ATLS expires: _____ <input type="checkbox"/> ABLIS expires: _____			
POPULATIONS WORKED WITH	<input type="checkbox"/> Adults <input type="checkbox"/> Pediatrics <input type="checkbox"/> Trauma			
AREAS OF INTEREST	<input type="checkbox"/> Sleep disorders <input type="checkbox"/> Critical care medicine <input type="checkbox"/> Hospitalist			
SCOPE OF PRACTICE	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.			
	<p><i>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.</i></p>			
<u>Pulmonology:</u>				
<input type="checkbox"/> Outpatient settings				
<input type="checkbox"/> Inpatient settings				
<input type="checkbox"/> w/o ICU coverage (consultant)				
<input type="checkbox"/> w/ ICU coverage (consultant)				
<input type="checkbox"/> as critical care intensivist				
<u>Internal Medicine:</u>				
<input type="checkbox"/> Diagnosis and management of medical problems associated with pulmonary disease processes in an outpatient setting				
<input type="checkbox"/> Independent care of uncomplicated medical problems associated with pulmonary disease processes in an inpatient setting				
<u>Pulmonology Procedures</u>				
Pulmonary function testing- <input type="checkbox"/> Performance of		<input type="checkbox"/> Bronchoscopy		
<input type="checkbox"/> Interpretation		<input type="checkbox"/> Diagnostic #		
<input type="checkbox"/> Ventilation management*		<input type="checkbox"/> w/Endotracheal biopsy		
<input type="checkbox"/> Invasive (ETT/NT/Tracheostomy)		<input type="checkbox"/> w/Transbronchial biopsy		
<input type="checkbox"/> Non-invasive (BiPAP/CPAP)		<input type="checkbox"/> w/Bronchial alveolar lavage		
<input type="checkbox"/> Chest tube insertion		<input type="checkbox"/> Therapeutic #		
<input type="checkbox"/> Pleuradesis		<input type="checkbox"/> w/Foreign body extraction		
<input type="checkbox"/> Central line insertion #		<input type="checkbox"/> w/Stent placement		
<input type="checkbox"/> Arterial line insertion		<input type="checkbox"/> w/Laser		
<input type="checkbox"/> Thoracentesis		<input type="checkbox"/> Pleural biopsy		
*Ventilation management – establishing and maintaining an airway; various modes of ventilation				
<u>Critical Care Practice Settings</u>				
<input type="checkbox"/> Critical Care – Diagnosis and management or stabilization for transfer/transport of patients with:				
<input type="checkbox"/> Medical conditions, including cardiac arrest/failure, respiratory arrest/failure, sepsis, metabolic disorders, renal failure, OD/poisoning, drowning, etc.				
<input type="checkbox"/> Surgical conditions, including pre- and post-operative management of general surgical, vascular, orthopedic, neurosurgical and cardiovascular/thoracic patients				
<input type="checkbox"/> Traumatic injuries, including blunt or penetrating injuries of the head, chest, abdomen, etc., spinal cord injuries, soft tissue injuries (including the eye), fractures, dislocations, etc.				
<input type="checkbox"/> Thermal injuries, including burns, electrocution, and hypo/hyperthermia				
<u>Critical Care Procedures</u>				
<input type="checkbox"/> Evaluation and management of acute volume/BP issues				
Insertion of - <input type="checkbox"/> PA catheter #		<input type="checkbox"/> Diagnostic/therapeutic taps #		
<input type="checkbox"/> IABP (Intra-Aortic Balloon Pump) #		(# to include thoracentesis above and those below)		
<input type="checkbox"/> Temporary pacemaker #		<input type="checkbox"/> Lumbar puncture		
<input type="checkbox"/> ICP evaluation and management #		<input type="checkbox"/> Paracentesis		
<input type="checkbox"/> Dialysis catheter placement #				

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

Initials _____ Date _____