CLINICAL NURSE SPECIALIST

BASIC QUALIFICATIONS FOR INITIAL APPLICATION:

1. Successful completion of a Master of Science Degree in Nursing from an accredited program
2. Current Colorado RN and Advanced Practice Nursing license; current American Heart Association or Red Cross BLS or ACLS certification that includes a skills lab;
3. Current competence as evidenced by active performance of the practice privileges requested during the past 24 months;
4. Evidence of employment/agreement with specific BCH sponsoring physician(s) who holds relevant privileges and whose medical education, training, experience, and active practice correspond with that of the applicant’s;
5. Relevant, post-training continuing education; AND
6. Current Red Cross or American Heart Association BLS Certification that includes a skills lab.

QUALIFICATIONS FOR REcredentialing:

1. Current Colorado RN and Advanced Practice Nursing License;
2. Current Red Cross or American Heart Association BLS/ACLS Certification that includes a skills lab;
3. Evidence of continued employment/agreement with specific sponsoring physician(s) who holds relevant privileges and whose medical education, training, experience, and active practice correspond with that of the applicant’s;
4. Current competence demonstrated by active performance of the practice privileges requested during the past 24 months, accompanied by favorable evaluation(s); AND
5. Relevant continuing education.

ACKNOWLEDGMENT OF PRACTITIONER:

I have requested only those specific practice privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and which I expect to exercise at Boulder Community Hospital, and;

I attest by signature that I have met the minimum criteria for applicable numbers of cases, required training/certification, etc. as stated on the following pages, within the past 24 months, and have provided documentation where specifically requested. I agree to provide any additional documentation if requested. Documentation for minimum criteria of procedures performed may be fulfilled from other hospital affiliations.

I understand that:
- In exercising any practice privileges granted, I am constrained by all Hospital and Medical Staff policies.
- Performing procedures outside of my scope of practice privileges may result in immediate suspension and/or loss of privileges.
- The Collaborating and/or Attending Physician is responsible for reviewing and signing all H&P examinations and discharge summaries, in accordance to BCH Rules and Regulations and other applicable policies. Furthermore, the Collaborating and/or Attending Physician is responsible for discussing the patient with their mid-level within a reasonable timeframe. The Collaborating and/or Attending Physician assumes responsibility for patient transfer to another hospital when a higher level of care is required.

Applicant Signature ___________________________ Date ___________________________ 

Printed Name ___________________________
DO NOT WRITE IN ANY ADDITIONAL PRIVILEGES / PROCEDURES. If you wish to perform a procedure that is not listed on this form, please contact the Medical Staff Department.

### Clinical Nurse Specialist CORE Privileges

<table>
<thead>
<tr>
<th>REQUEST</th>
<th>PRIVILEGES / PROCEDURES</th>
<th>REQUEST</th>
<th>PRIVILEGES / PROCEDURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] YES</td>
<td>Writes admission orders 1CNS/A</td>
<td>[ ] YES</td>
<td>Plans for therapeutic interventions in conjunction with the physician and performs interventions according to physician direction 1CNS/F</td>
</tr>
<tr>
<td>[ ] YES</td>
<td>Perform &amp; document medical history and physician examinations (to include pelvic &amp; breast exams) 1CNS/B</td>
<td>[ ] YES</td>
<td>Patient education 1CNS/G</td>
</tr>
<tr>
<td>[ ] YES</td>
<td>Identify medical / health risks and needs, formulate appropriate differential diagnosis based on history, physical examination and clinical findings to include assessment and diagnostic test data 1CNS/C</td>
<td>[ ] YES</td>
<td>Determine effectiveness of the plan of care through documentation of patients’ care outcomes, reassessing and modifying the plan as necessary to achieve medical / health goals 1CNS/H</td>
</tr>
<tr>
<td>[ ] YES</td>
<td>Writes orders for routine non-invasive diagnostic tests, activities, therapies, diet and vital signs, appropriate non-narcotic medication, IV fluids, blood and blood products, and oxygen 1CNS/D</td>
<td>[ ] YES</td>
<td>Make rounds on patients 1CNS/I</td>
</tr>
<tr>
<td>[ ] YES</td>
<td>Discharge summary orders 1CNS/E</td>
<td>[ ] YES</td>
<td>Evaluates care modalities across the continuum to include diagnostic, pre-operative, hospital, home, rehabilitation and follow-up care. 1CNS/J</td>
</tr>
<tr>
<td>[ ] YES</td>
<td>Record own progress notes 1CNS/K</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### C.N.S. PRESCRIPTIVE Special Privileges

<table>
<thead>
<tr>
<th>REQUEST</th>
<th>PRIVILEGES / PROCEDURES</th>
<th>ADDITIONAL QUALIFICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] YES</td>
<td>May prescribe prescription drugs for patients requiring routine health maintenance or routine preventive care 2CNS</td>
<td>Documentation of training in pharmacology and experience with specific drugs which are relevant to the applicant’s scope of practice</td>
</tr>
</tbody>
</table>

- May prescribe prescription drugs and controlled substances for patients requiring:
  - Care for an acute, self-limiting condition (a self-limiting condition is one that has a defined diagnosis, a predictable outcome and is not threatening to life or limb;)
  - Care for a chronic condition that has stabilized; and/or
  - Terminal comfort care

Documentation of current DEA certificate

(For BCH-Owned Practice Employees Only) Nurse Practitioner AMBULATORY-SETTING CORE Privileges 10NP

This core pertains to BCH-employed practitioners and their scope of practice within a BCH-owned ambulatory office setting (excluding surgical centers, which requires separate credentialing).

Provides episodic care for office-based conditions and performs specific procedures, except where provision of services are specifically excluded, as defined by job description and setting-specific protocols.

**Initial Application and Reappointment**

Documentation of a collaborative agreement outlining Scope of Practice, to include types of procedures that may be performed within the ambulatory setting, and what criteria constitutes referral of care to their collaborating physician.

Must hold Core privileges
DO NOT WRITE IN ANY ADDITIONAL PRIVILEGES / PROCEDURES. If you wish to perform a procedure that is not listed on this form, please contact the Medical Staff Department.

Boulder Community Hospital
Allied Health Professional (AHP)
Sponsoring Medical Staff Member Agreement

Applicant Name: _____________________________________________________

I am a sponsoring Medical Staff Member of the individual named above. I understand and agree that the Boulder Community Hospital and Medical Staff Bylaws, and associated documents, require that I accept the following responsibilities with respect to this individual while performing specified procedures under my supervision or collaboration.

1. Supervision of or collaboration with the AHP pertaining to the services he/she performs in the hospital, as defined in the AHP’s Scope of Practice form. The supervision or collaboration is relative to performance of procedures performed while under my supervision or within the scope of the job description.

2. Further, I understand that, in the event this individual’s association with me is terminated, or I otherwise withdraw my agreement to supervise or to maintain a current collaborative agreement with the AHP, I will provide prompt, written notice of such termination to the Medical Staff Department. Additionally, the hospital may, at any time, affect the AHP’s Scope of Practice, if my medical staff membership or privileges are suspended or terminated.

SIGNATURE(s) OF ALL SPONSORING PHYSICIAN(s), (for AHP’s working at CMC, or with the Hospitalists and the ED, one signature will suffice for the group):

Medical Staff Member

__________________________________
Medical Staff Member’s Name - Printed

Medical Staff Member

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February 24, 2014