

UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS
Specified Services for
Nurse Practitioners
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*This form should accompany your State Approved Nurse Practitioner Attestation
and must coincide with what has been approved by the State

Name: _____

Date: _____

Area of Certification: _____

Certification Date: _____

Specified Services	Applicant Check (√) if requested	Department Chief (Initial)		
		Recommended	Not Recommended	Conditions (provide explanation)
Perform comprehensive physical assessment of patients				
Initiate admission orders				
Record patient progress notes				
Establish medical diagnosis for common short-term or chronic stable health problems				
Order and interpret routine laboratory and diagnostic tests				
Prescribe medications- inpatient (DEA and CDS licenses required- includes controlled medications)				
Prescribe over the counter and prescription medications- outpatient				
Prescribe controlled medications- outpatient (DEA and CDS licenses required)				
Perform therapeutic measures:				
Venipuncture				
Administer oxygen				
Routine wound care and dressings				
Refer patients to appropriate licensed physicians or other health care practitioners as needed				
Interpret special laboratory and / or diagnostic procedures (<i>this means other than basic laboratory tests such as blood, urine, stool, sputum, exudates and ECG's. It does not refer to reviewing a radiologist's or specialist's report and applying it to a patient's plan of care</i>). Copy of New Procedure and Competency Checklist from MBON agreement must be attached.				
Specify:				

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Specified Services	Applicant Check (√) if requested	Department Chief (Initial)		
		Recommended	Not Recommended	Conditions (provide explanation)
Performs advanced diagnostic, therapeutic and corrective procedures: <i>Copy of New procedure and Competency Checklist from MBON agreement must be attached.</i>				
Apply splints, casts and other immobilization devices				
Arterial Pressure Monitoring Catheters				
Biopsies (superficial skin, breast)				
Central line insertion				
Endometrial biopsies				
Incision and Drainage of Abscess				
Intubation				
Joint Injection				
Joint Aspiration				
Lumbar Puncture				
Paracentesis				
Peripherally Inserted Central Catheters				
Seldinger Thoracostomy Tubes				
Suturing Wound Closure				
Thoracentesis				
Ultrasound				
Vein Harvesting				
Superficial wound debridement				

Acknowledgment of Practitioner:

I have requested only those specific privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform and for which I wish to exercise at UMMC Midtown; and I understand that in exercising any clinical privileges granted, I am constrained by all UMMC Midtown and medical staff policies and rules applicable generally and all applicable to the particular situation.

Applicant's Signature

Date