

Regions Hospital

Delineation of Privileges

Clinical Nurse Specialist

Applicant's Name: _____
Last
First
M
Date

Instructions: Applicants must provide complete names and addresses for their references. Please DO NOT SEND letters of recommendation along with your application. These must be primary source verified by Regions Hospital. If documentation of cases or procedures is required, please attach case and/or procedural logs to your privilege delineation.

CORE I- General Privileges Clinical Nurse Specialist

Privileges	Basic Education & Minimal Formal Training	Required Documentation and Experience
<p>Functions as an expert direct care provider, case manager, consultant, educator and researcher. The CNS provides care to individuals who have a known or predicted physiological alteration. The CNS has an in depth understanding of complex medical-surgical problems as well as interventions to manage and improve patient care. The practice includes diagnosing illness and disease, providing non-pharmacological treatment, including psychotherapy, promoting wellness and preventing illness and disease. Provides patient care in a particular specialty or subspecialty within the context of a collaborative management. Collaborative management is defined as a mutually agreed upon plan between an advanced practice registered nurse and one or more licensed physicians or surgeons that designates the scope of collaboration necessary to manage the care of patients. The CNS and one or more physicians must have experience in providing care to patients with the same or similar medical problems.</p>	<ol style="list-style-type: none"> 1. Active Registered Nurse license in Minnesota 2. Completion of an educational program that provides the prerequisites necessary to take the clinical specialist certification exam given by the American Nurses Credentialing Center or other national certified specialty group. 3. Certified as a Clinical Nurse Specialist in the field of practice in one of the following: <ul style="list-style-type: none"> • Adult Psychiatric and Mental Health Nursing • Child and Adolescent Psychiatric and Mental Health Nursing • Community Health Nursing • Gerontologic Nursing • Home Health Nursing • Medical-Surgical Nursing 4. If applicant is a new graduate of a clinical nurse specialist program, he/she must supply evidence of eligibility and intent of taking the national certification exam with a specified time period not to exceed 6 months. Individuals falling into this category are not eligible to prescribe drugs or therapeutic devices during this period. 5. Must have BLS certification. (Must provide proof of certification) 6. Current DEA registration, if prescribing. 	<p><u>New Applicants:</u></p> <ol style="list-style-type: none"> 1. Documentation of training; and 2. Name and address of one physician and one CNS whom we may contact who can attest to your competency to perform the requested privileges. <p>Name: _____ Name of Facility: _____ Add: _____ Fax/Ph: _____</p> <p>Name: _____ Name of Facility: _____ Add: _____ Fax/Ph: _____</p> <p><u>Reappointment Applicants:</u></p> <ol style="list-style-type: none"> 1. Evaluation of your competency conducted by a qualified physician peer of your choice. Please indicate name and address of the physician whom we may contact. <p>Name: _____ Name of Facility: _____ Add: _____ Fax/Ph: _____</p>

CORE II- Prescribing Authority Clinical Nurse Specialist

Privileges	Additional Educational Requirements	Required Documentation and Experience
Prescribe and administer drugs and therapeutic devices within authorized scope of practice.	<ol style="list-style-type: none"> 1. Same as Core I 2. Completion of no less than 30 hours of formal study from a college, university or university health care institution, which included the following: instruction in health assessment, medication classifications, indications, dosages, contraindications, and side-effects; supervised practice; and competence evaluation, including evidence of the application of knowledge pertaining to prescribing for and therapeutic management of the clinical type of patients in the certified clinical nurse specialist's practice, or 3. Completion of no less than 30 hours of formal study in the prescribing of psychotropic medications and medications to treat their side effects which included instruction in health assessment, psychotropic classifications, psychopharmacology, indications, dosages, contradictions, side effects, and evidence of application (for Psychiatric Clinical Nurse Specialists only). 	<p><u>New Applicants:</u></p> <ol style="list-style-type: none"> 1. Written agreement with your sponsoring physician that defines the delegated responsibilities related to the prescription of drugs and therapeutic devices. <p><u>Reappointment Applicants:</u></p> <ol style="list-style-type: none"> 1. Current agreement with your sponsoring physician that defines the delegated responsibilities related to the prescription of drugs and therapeutic devices.

TO BE COMPLETED BY APPLICANT:

I agree to supply Regions Hospital Credentialing Office (or designee) with all of the information that has been requested of me for the privileges that I have applied for listed above. I also understand that my application for privileges will not proceed until which time that the information is received.

Signature

Date

TO BE COMPLETED BY SPONSORING PHYSICIAN:

I have reviewed and/or discussed the privileges requested and find them to be commensurate with his/her training and experience, and recommend that his/her application proceed.

Sponsoring Physician's Signature

Date

Sponsoring Physician – Please Print

TO BE COMPLETED BY REGIONS HOSPITAL DIVISION/SECTION HEAD AT TIME OF REVIEW AND APPROVAL:

Regions Division/Section Head Signature

Date