

Registered Nurse Practitioner

Name: _____

Nurse Practitioners are registered nurses with specialized advanced education and clinical competency to provide health and medical care for diverse populations in a primary care, acute and long term care settings. Masters, post master's or doctoral preparation is required for entry level practice.

Qualifications:

To be eligible for privileges as an RNP, the applicant must meet the following qualifications:

- Graduate of a registered nurse training program with accreditation recognized by the state of Texas; **and**
- Licensed (includes temporary) by the Texas State Board of Nurse Examiners; **and**
- Maintain licensure and Certification as a Nurse Practitioner on a Master's level by a certifying board that is recognized by the state of Texas; **and**
- Documentation of an employer/employee relationship with an approved supervising physician who is a member of the Harris Methodist Southlake Medical Staff. (Approved is defined as recognized by the Texas State Board of Medical Examiners as the applicants' supervising physician.)

Nurse Practitioner Privileges (Please indicate with a check mark privileges requested)

- Privileges to assist physician in procedures: to include knowledge of sterile technique;
- Provide and maintain hemostasis;
- Handle tissue appropriately; positioning, draping, appropriate counting procedures and instrumentation assistance;
- Serves as educator, mentor, resource to all persons involved in healthcare process.
- Performance and documentation of initial History and Physical; Clinical Assessments; Nutritional assessments
- Progress notes; Writing orders; Dictates discharge summaries
- Communicates with patient/family regarding diagnostic work and treatment plan; Teaching patients oxygen equipment and use; Teachings about medications
- IV delivery of medications and solutions
- Venipuncture; Minor suturing
- Writing orders for routine medications (narcotics and medications used for IV sedations are not considered routine)
- Transmitting orders for narcotics and sedatives after consultation with supervising physician

Acknowledgement of Nurse Practitioner:

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at **Harris Methodist Southlake**, and I understand that in exercising any privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

Signed: _____

Date: _____

Credentials Committee Recommendations: ____ Recommend ____ Deny

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Signed: _____

Date: _____

Recommended/Not recommended with the following modification(s) and reason(s):

As the supervising physician, by my signature I attest that this applicant has been trained and is currently competent to perform the privileges requested above.

 Supervising Physician Date

Printed Name of Supervising Physician Date

 Supervising Physician Date

Printed Name of Supervising Physician Date

 Supervising Physician Date

Printed Name of Supervising Physician Date

 Supervising Physician Date

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