



**DELINEATION OF PRIVILEGES
 NURSE PRACTITIONER / PHYSICIAN ASSISTANT
 URGENT CARE**

NAME: _____

REQUESTED	PRIVILEGE	APPROVED	DENIED
	Perform history and physical examinations on patients at Urgent Care		
	Dictate the patient summary		
	Provide services necessary to ameliorate minor illnesses or injuries		
	Administer appropriate medications		
	Request consultations and technical procedures to be performed by other physicians and qualified consultants/technicians		
	Suture simple lacerations		
	Care of non-displaced or minimally displaced fractures		
	Change and apply casts and/or splints		
	Perform simple incision and drainage		

Signature of Allied Health Professional

Date

I agree to accept total responsibility for all actions of this Allied Health Professional while he/she is in my employ. I also attest to the fact that an adequate investigation of his/her qualifications and character has been performed and that the individual, in my opinion, is capable of performing the requested activities. I also agree to notify the Hospital if this person should leave my employment.

Sponsoring Physician's Signature

Date

Sponsoring Physician's Signature

Date