



## Privileges for Peace Corps Medical Officers-- Physicians

Name: \_\_\_\_\_  
*Please Print Your Name and Credentials* *Country*

### PRIVILEGES REQUESTED

- ☐ **Core Privileges** – Privileges to perform duties that fall within the typical scope of a MD or DO.

### QUALIFICATIONS FOR PRIVILEGES

*To be eligible for core privileges, the MD or DO applicant must meet the following qualifications:*

- Doctor of Medicine or Doctor of Osteopathy degree from a school in the United States or Canada approved by a recognized accrediting body in the year of the applicant's graduation; **OR**
- A Doctor of Medicine or equivalent degree from a foreign medical school that provided education and medical knowledge substantially equivalent to accredited schools in the United States, plus Education Commission Foreign Medical Graduate (ECFMG) certification and/or graduation from a school listed in the Foundation for Advancement of International Medical Education and Research (FAIMER)  
<http://www.faimer.org/resources/imed.html>
- Validation of foreign medical school accreditation
- Valid clinical MD or DO licensure
- Applicable knowledge and experience

### CORE PRIVILEGES

#### Privileges included in the Core: \*\*

Privileges that fall within the typical scope of a MD or DO practice include:

*(\*\*Please strike out any non-proficient privileges)*

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| <ul style="list-style-type: none"><li>• Patient triage</li><li>• Initiate life support when necessary</li><li>• Maintain an adult immunization program</li><li>• Maintain current and complete documentation of clinical care</li><li>• Adhere to Peace Corps Medical Technical Guidelines</li><li>• Accompany medevacs when indicated</li><li>• Provide emotional support and short-term counseling</li><li>• Provide health education to Trainees/Volunteers</li><li>• Perform administrative functions of the health unit</li><li>• Accrue 20 or more hours of continuing education annually</li><li>• Perform comprehensive patient history taking and physical exams including pelvic exams/ pap smears</li><li>• Assess, diagnose, and manage acute and chronic clinical issues</li><li>• Toenail Removal</li><li>• Anoscopy</li><li>• Prescribe pharmacologic agents including controlled substances according to the Medical Technical Guidelines</li></ul> | <ul style="list-style-type: none"><li>• Serve as a clinical prescriber for PCMO-RNs</li><li>• Serve as a clinical advisor for PCMO-NPs</li><li>• Peripheral venipuncture for lab work and IV administration of meds</li><li>• PPD placement and reading</li><li>• Preparation of thick and thin malaria smears</li><li>• Pulse oximeter and PEAK flow reading</li><li>• EKG tracing and interpretation</li><li>• Office diagnostics including commercial testing kits for HIV, urine dips, HCG, etc.</li><li>• Basic microscopy including UAs, wet mounts, stool</li><li>• Urethral catheterization</li><li>• Local infiltration anesthesia</li><li>• Simple laceration repair/I &amp; D's</li><li>• Punch/Excisional/Shave biopsy</li><li>• Needle aspiration for culture</li><li>• Wart ablation on extremities</li><li>• IUD removal</li></ul> |
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**\*\* On a separate sheet of paper, please describe any major, unexpected complications you have encountered for any of the Core Privileges you are requesting.**

**ACKNOWLEDGEMENT OF PRACTICIONER**

*I have requested only those clinical privileges for which, by education, training, current experience, and demonstrated performance, I am qualified to function as a Peace Corps Medical Officer and a MD or DO.*

*I understand that in conducting any clinical privileges granted, I am constrained by the Peace Corps Office of Health Services policies and rules.*

Applicant Signature: \_\_\_\_\_  
Please Sign Your Name Date

**CLINICAL SERVICE RECOMMENDATION**

**Core Clinical Privileges**

- ☐ Approved as requested  
☐ Approved with modification(s) (specify below)  
☐ Denied

\_\_\_\_\_  
\_\_\_\_\_  
*I have reviewed the requested clinical privileges and supporting documentation for the above named practitioner and recommend action on the privileges as noted above:*

\_\_\_\_\_  
Signature Date  
Chair, Credentialing Committee

\_\_\_\_\_  
Signature Date  
Medical Director, Office of Health Services