Name:		
	Please Print Your Name and Credentials	Country

CLINICAL PRIVILEGES REQUESTED

These clinical privileges are granted at the discretion of the PCMO, the Director of Management and Operations/Country Director, with clinical oversight by the PCMO.

QUALIFICATIONS FOR CLINICAL PRIVILEGES

To be eligible for core clinical privileges, the applicant must meet the following qualifications:

- Successful completion of a nursing school, medical school, or medical assistant program and valid clinical licensure/diploma, or
- Applicable knowledge and experience obtained through on-the-job-training or under the direct guidance of a provider (supporting documentation must be submitted).

CLINICAL CORE PRIVILEGES

Core Clinical Privileges – Privileges to perform duties that fall within the typical scope of a Medical Assistant (MA).

Clinical privileges that fall within the typical scope of MA	*These privileges will be granted pending demonstration of competency under the direct order and approval of the PCMO
	Attention PCMOs – Please check desired privileges for MAs prior to submitting form
Initiate life support when necessary (BLS)	Peripheral venipuncture
Assist with maintaining an adult immunization program	 Gross vision check with Snellen Eye chart
Assist in the filing and management of current, complete	PPD test placement
clinical records	Stool for occult blood testing
Adhere to Peace Corps Medical Technical Guidelines	Urine dipstick testing
 Accompany PCVs/Ts to medical appointments 	 Thick and thin malaria smear preparation
Assist in providing health education to	Office testing of HIV, strep, mono, pregnancy using
Trainees/Volunteers	commercial kits
Measure height, weight, vital signs, and record chief	Pulse oximeter and peak flow meter readings
complaints	ECG lead placement
Serve as a chaperone	Glucose testing (fingerstick)
Assist with office procedures	• Administer vaccines

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ACKNOWLEDGEMENT

I have requested only those clinical privileges for which, by education, training, current experience, and demonstrated performance, I am qualified to function as a Medical Assistant.

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 PCMO Signature: Please Sign Your Name Date **CLINICAL SERVICE RECOMMENDATION Core Clinical Privileges** I have reviewed the requested clinical privileges and supporting documentation for the above named medical assistant and recommend action on the privileges as noted below: ☐ Provisional approval pending proof of competency under the supervision and observation of the PCMO Signature Date Chair, Credentialing Committee □ Approved Signature Date Chair, Credentialing Committee □ Denied Signature Date Chair, Credentialing Committee **Comments**

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