



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 World Directory of Medical Schools (<https://search.wdoms.org>).
- 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:
(Check all proficient privileges)

ESSENTIAL PRIVILEGES

Administrative

- Accompany medevacs when indicated
- Adhere to Peace Corps Medical Technical Guidelines
- Maintain an adult immunization program and administer vaccines
- Maintain current and complete documentation of clinical care
- Perform administrative functions of the health unit (planning, budgeting, medical supplies/inventory, consultant assessments, planning, epi reporting)
- Provide health education training & materials to Trainees/

Clinical and Procedures

- Maintain medical confidentiality
- Assess, diagnose, and manage acute & chronic clinical issues (i.e. Dermatological, Respiratory, GI, Genitourinary, Musklosketal, etc.)
- EKG recording/interpretation
- Evaluate/stabilize major trauma /initiate life support
- Perform/order diagnostic tests (i.e. malaria, HIV, HCG)
- Provide counseling on diagnostic test results (i.e. STI, HIV, pregnancy)
- Educate and provide counseling on contraception
- Consult/Refer cases to PC Headquarters and/or specialists
- Preform comprehensive patient history (ROS)
- Complete head-to-toe physical exams
- Complete breast & vaginal exam including Pelvic / pap smears
- Medication administration (all routes; IM, IV, SQ, PO, etc.)
- IV insertion & peripheral venipuncture
- Perform procedures like straight urethral catheterization, simple suturing and I&D's, simple biopsy, splinting and immobilization, wart ablation, TB skin tests/reading
- PEAK flow reading

- Prescribe pharmacologic agents including controlled substances according to the Medical Technical Guidelines
- Provide emotional support and short-term counseling on conditions (adjustment disorder, acute depression) and referral to behavioral health specialists
- Serve as a clinical advisor for PCMO-NPs
- Serve as a clinical prescriber for PCMO-RNs

Licensure

- Maintain active license and participate in mandatory trainings

DESIRED PRIVILEGES

- Anoscopy
- Basic microscopy including UAs, wet mounts, stool
- IUD removal
- Needle aspiration for culture
- Preparation of thick and thin malaria smears
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- Sexual Assault management

**** 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	
<u>Core Clinical Privileges</u>	
<input type="checkbox"/> Approved as requested	
<input type="checkbox"/> Approved with modification(s) <i>(specify below)</i>	
<input type="checkbox"/> Denied	

<i>I have reviewed the requested clinical privileges and supporting documentation for the above named practitioner and recommend action on the privileges as noted above:</i>	
_____	_____
Signature	Date
Chair, Credentialing Committee	
_____	_____
Signature	Date
Medical Director, Office of Health Services or Designee	