



SCOPE OF SERVICES
Family Practice / Internal Medicine

Last Name	First Name	Middle Name
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Check appropriate box indicating which clinical capabilities you are able to perform

Please list any limitations on a separate sheet

Certifications			
	BLS Expires:		ACLS Expires:
	ATLS Expires:		ABLS Expires:
	PALS / APLS Expires:		NBP Expires:

Areas of Interest			
	Inpatient Medicine		Occupational Medicine
	Outpatient Medicine		Acute Ambulatory Care (Urgent)
	Government Assignments		

Please check the box indicating which clinical capabilities you are able to perform and where indicated (#), list the appropriate number performed within the last 24 months.

	Clinical Area / Procedure		Clinical Area / Procedure
Medicine		Surgery	
	Adult Outpatient		Surgical assisting
	Adult Inpatient		Skin/tissue biopsy
	without ICU/CCU		Suturing of minor lacerations
	with ICU / CCU		I & D (Incision and Drainage)
Pediatric		Occupational Medicine	
	Newborn Care (>200 gms)		Employment Physicals
	General Inpatient		Disability exams
	General Outpatient		Diagnosis and management of common industrial-related medical problems
	Newborn Resuscitation		
GYN			Procedures
	Pelvic Exam / pap smear		Ventilation Management* #
	Colposcopy		Evaluation and management of acute volume BP issues
	Endometrial Biopsy		<i>Insertion of</i>
	IUD insertion and removal		Central Line #
	D & C		Arterial Line #
Orthopedic			PA Catheter #
	Non-displace fractures		EKG Interpretation (Unofficial) #
	Trigger Point/Joint Injections		<i>Diagnostic / therapeutic taps:</i>
			Lumbar Puncture
			Paracentesis #
			Thoracentesis #
			*Ventilation Management - Establishing and maintaining an airway various modes of ventilation for up to 24 hours without pulmonary consultation

Signing below indicates that I am qualified to perform the services chosen on the checklist

Signature	Date
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