

# Model Privileging Template

**[Institution name]**  
**Privileging for [Staff group which pharmacy falls under]**  
**[Clinical pharmacist title]**

**Department of:** \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**DEFINITION:** The Clinical Pharmacist Practitioner is a licensed pharmacist who provides drug therapy management under the supervision of a physician member of the medical staff who has provided written instructions for a patient and disease specific therapy which may include key functions necessary to initiate, continue, discontinue, modify, administer or monitor drug therapy.

Governing Policies: Policy(s) on process, approval, appointment, documentation, peer review, competency and renewal of credentialing [List any policies with which pharmacist must comply (HR policies, behavior/ respect policies, pharmacy policies)]

**Credentials/Qualifications Needed:** As set forth by the [State] Board of Pharmacy Rules and Regulations [number] [clinical pharmacist] and as required for membership on the [staff group] as defined by the Bylaws of the Medical Staff at [Institution], including any other related policies and procedures.

Primary Source Verification: Required credentials are verified by [primary source, National Practitioner Data Bank or credentialing verification organizations].

**Recredentialing Criteria:**

1. Volume – Manage pharmacotherapy of at least [number] patients within [define scope of practice] every [interval: x] years
2. Quality Improvement - review of [ define how patients selected for review] patients [frequency: e.g. daily? weekly?] by supervising physician or reported to appropriate administrative personnel
3. Peer Review Process: [describe the process of peer review in detail]
4. Date of Renewal: Renewal every 2 years is minimum

**Scope of Privileges:** Types of activities, patients, diagnosis, treatments, age groups, level of care done in day to day activities

1. Age: Specify [  ]for ages that will be included in your practice:  
o 0-1            o 1-4            o 4-12            o 12-18            o 18-65            o 65-plus
2. Emergency Care Responsibilities: As specified in the attached [clinical pharmacist collaborative practice agreement]
3. Medication Privileges: Check all that apply

The following medication-related functions are included in privileges:

- Initiate medications
- Continue / Renew medications
- Monitor medications
- Modify medications
- Discontinue medications
- Administer medications

The following medications are included from my formulary:

- All formulary medications at institution
- All formulary medications at institution except: [list]
- Medications limited to clinical area of responsibility (state: \_\_\_\_\_)
- [specific medications excluded by institution for all practitioners: example: thalidomide]
- Other exclusions

4. Other Activities:
- Conduct comprehensive patient health and medication histories
  - Perform Physical Examinations necessary to assess drug therapy needs
  - Document Care in the Medical Record
  - Order Laboratory tests to monitor drug therapy
  - Analyze laboratory and diagnostic test data to modify drug therapy and dosing
  - Schedule Patient Appointments
  - Admit or Discharge Patients from Health Facilities
  - Implement Therapeutic Substitution per Formulary
  - Implement Generic Substitution of AB rated medication
  - Implement Clinical Guidelines/Pathways
  - Change route of administration
  - Perform point of care testing or draw blood for the clinical lab test to monitor medication therapy
  - Assist in management of medical emergencies
  - Reconciliation of a list of patient home medications with current prescribed medications in an institution
  - Provide patient supplies to aid medication compliance or use medication properly
  - Other: Specify: \_\_\_\_\_
5. Access to Supervising Physician (please specify [✓] all that apply):
- Supervising physician is on site at all times
  - Supervising physician or back up is available by phone
  - Supervising physician or back up is available by beeper
  - Other: As specified in the [clinical pharmacist] agreement attached

**Process of Evaluation**

[Describe process of evaluation as described in medical staff by-laws, rules, and regulations]

\_\_\_\_\_  
Supervising Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
[Clinical Pharmacist]

\_\_\_\_\_  
Date

**Approval:**

**I hereby recommend approval of this application for privileges. This recommendation is made on the basis of my own observation of the applicant's activities and on the basis of knowledge of this applicant's competency to perform the privileges outlined in the attachments.**

\_\_\_\_\_  
[Clinical Pharmacist for Privileging committee]

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Pharmacy

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Staff Executive

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President

\_\_\_\_\_  
Date

*Please be sure that both you and your supervising physician sign and date.*