

DELINEATION OF CLINICAL PRIVILEGES - AUDIOLOGY

For use of this form, see AR 40-68; the proponent agency is OTSG.

1. NAME OF PROVIDER <i>(Last, First, MI)</i>	2. RANK/GRADE	3. FACILITY
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INSTRUCTIONS:
PROVIDER: Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440.
SUPERVISOR: Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form.

PROVIDER CODES			SUPERVISOR CODES		
		1 - Fully competent to perform			1 - Approved as fully competent
		2 - Modification requested <i>(Justification attached)</i>			2 - Modification required <i>(Justification noted)</i>
		3 - Supervision requested			3 - Supervision required
		4 - Not requested due to lack of expertise			4 - Not approved, insufficient expertise
		5 - Not requested due to lack of facility support/mission			5 - Not approved, insufficient facility support/mission
Requested	Approved		Requested	Approved	
		a. Evaluation and diagnosis of hearing loss			g. Assessment and monitoring of communication ability
		b. Retrocochlear function testing			h. Hearing conservation
		c. Cochlear function testing			i. Evaluation, assessment and monitoring of cochlear implants
		d. Evaluation and diagnosis of balance disorders			j. Approved patient research in audiology and hearing science
		e. Otoscopy and cerumen removal			
		f. Treatment of hearing loss (hearing aids and ALDs)			

COMMENTS

	SIGNATURE OF PROVIDER	DATE (YYYYMMDD)
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SECTION II - SUPERVISOR'S RECOMMENDATION

Approval as requested Approval with Modifications *(Specify below)* Disapproval *(Specify below)*

COMMENTS

DEPARTMENT/SERVICE CHIEF <i>(Typed name and title)</i>	SIGNATURE	DATE (YYYYMMDD)
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SECTION III - CREDENTIALS COMMITTEE/FUNCTION RECOMMENDATION

Approval as requested Approval with Modifications *(Specify below)* Disapproval *(Specify below)*

COMMENTS

COMMITTEE CHAIRPERSON <i>(Name and rank)</i>	SIGNATURE	DATE (YYYYMMDD)
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