		DELINEATION OF CLINI For use of this form, se	ICAL PRIVILEGI e AR 40-68; the pr	S - PHYSICA	AL T	THERAPY TSG.	
			2. RANK/GRADE	3. FACILITY			
privilege lis signature i you to sub SUPERV code in the	ER: Enter sted must is required omit a new //ISOR: Reve column n	at the end of Section I. Once app DA Form 5440.	line through and proved, any revis ual privilege code s as your recomm	nitial any crite ons or correct d by the provi	eria/a tions ider a he co	applications that do not apply. Your to this list of privileges will require and enter the appropriate approval ommander who is the approval	
		PROVIDER CODES			SUI	PERVISOR CODES	
2 - 3 - 4 -	Modificatio Supervision Not reques	ted due to lack of expertise ted due to lack of facility support/miss		1 - Approved as fully competent 2 - Modification required (Justification noted) 3 - Supervision required 4 - Not approved, insufficient expertise 5 - Not approved, insufficient facility support/mission			
Routine		erapy evaluations and procedures expe	cted of a graduate	physical therap	oist.		
Requested	Approved	Category I clinical privileges					
• .	•	ivileges - includes Category I. skill level as demonstrated through do	cumented additiona	I training and p	oractio	cal experience.	
Requested	Approved	Cotavam II aliminal privileges	Reques	ted Approved		A	
		Category II clinical privileges a. Electroneuromyographic (EMG) te	ecting			Assign quarters up to 72 hours Refer to specialty clinics, as appropriate	
		b. Early intervention for high-risk info				Prescribe P&T committee approved	
		c. Request appropriate imaging stud			_	medications	
		d. Recommend limited duty profiles					
COMMENTS		exceed 30 days)					
			SIGNATURE OI	PROVIDER		DATE (YYYYMMDD)	

SECTION II - SUF	PERVISOR'S RECOMMENDATION	N	
Approval as requested Approval with Modifica	tions (Specify below)	Disapproval (Specify below)	
COMMENTS			
			DATE (VVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVV
DEPARTMENT/SERVICE CHIEF (Typed name and title)	SIGNATURE		DATE (YYYYMMDD)
SECTION III - CREDENTIALS	COMMITTEE/FUNCTION RECOM	IMENDATION	<u>I</u>
Approval as requested Approval with Modifica		MMENDATION Disapproval (Specify below)	
Approval as requested Approval with Modifica			
Approval as requested Approval with Modifica			
Approval as requested Approval with Modifica			
Approval as requested Approval with Modifica			
Approval as requested Approval with Modifica			
Approval as requested Approval with Modifica			
Approval as requested Approval with Modifica			
Approval as requested Approval with Modifica			
Approval as requested Approval with Modifica			
Approval as requested Approval with Modifica			
Approval as requested Approval with Modifica			
Approval as requested Approval with Modifica			
Approval as requested Approval with Modifica			
Approval as requested Approval with Modifica			
Approval as requested Approval with Modifica			
Approval as requested Approval with Modifica			
Approval as requested Approval with Modifica			
Approval as requested	tions (Specify below)		
Approval as requested Approval with Modifica			DATE (YYYYMMDD)

Page 2 of 2 APD V1.00 DA FORM 5440-21, FEB 2004