

# SCOPE OF WORK – PROCEDURE LIST

Practitioner Name: \_\_\_\_\_ License Type/Number: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Scope of Practice by Age (check all that apply):

☐ Infants (age birth-1) ☐ Children (age 1-12) ☐ Teens (age 13-19) ☐ Adults (age 20+)

Other Special Skills: \_\_\_\_\_

Limitations: ☐ None ☐ Specify: \_\_\_\_\_

*The above named practitioner is authorized to perform the following procedures:*

Procedure(s)	✓ Auth by experience	✓ Auth by Supervision	Notes	Authorized by initials	Authorized Date
Acupuncture					
Aspiration of breast cyst					
Aspiration/injection of lesion/joint/bursa/ganglion cyst; Trigger Point Injection					
Casting					
Catheterization, Urinary					
**Circumcision					
**Colposcopy					
Cryotherapy, cervical					
Debridement of burn					
Destruction of lesion any method, any body area					
**Electrosurgical Unit (includes LEEP procedures)					
Endocervical Curettage					
Endometrial biopsy					
**Excision of lesion					
IUD Insertion or Removal					
Incision & Drainage					
Laceration repair					
**Lumbar Puncture					
Punch biopsy					
**Stress/Treadmill testing					
**Sigmoidoscopy					
Subdermal Contraceptive Implant Insertion					
**Subdermal Contraceptive Implant Removal					
Toenail removal					
**Vasectomy					
Ultrasound					

Additional notes or comments: \_\_\_\_\_

**NOTE: For Procedures marked \*\* both evidence of training and personal supervision are required.**

ROUTING: ☐ Original to HR ☐ Copy to Practitioner ☐ Copy to Site Administrator ODCHC Form #55 (rev. 1/13/16 sw)