

Regions Hospital

Delineation of Privileges

Family Practice

Applicant's Name: _____
Last
First
M
Date

Instructions: Applicants must provide complete names and addresses for their references. Please DO NOT SEND letters of recommendation along with your application. These must be primary source verified by Regions Hospital. If documentation of cases or procedures is required, please attach case and/or procedural logs to your privilege delineation.

CORE I- Adult Core Privileges in Family Practice

Privileges	Basic Education & Minimal Formal Training	Required Documentation and Experience
Privileges include admission, work-up, diagnosis and treatment of patients over 18 years of age. Privileges also include medical care of patients requiring intensive care observations and care of the uncomplicated myocardial infarction or rule-out MI. Treatment of alcoholism and other types of chemical dependency are also included.	<ol style="list-style-type: none"> 1. MD, DO, MBBS 2. Successful completion of an ACGME or Royal College of Physicians and Surgeons of Canada, or Professional Corporation of Physicians of Quebec approved residency program in Family Practice or its equivalent. 3. Board certification or progressing toward board certification in Family Practice and thereafter certified within seven years of the initial staff appointment, unless such a requirement is waived by the Board of Directors. 	<p><u>New Applicants:</u> Evaluation of your competency conducted by a family practice physician. Please indicate name and address of the physician whom we may contact.</p> <p>Name: _____ Name of Facility: _____ Add: _____ Ph/Fax #: _____</p> <p><u>Reappointment Applicants:</u> Evaluation of your competency conducted by a peer of your choice. Please indicate name and address of the physician whom we may contact</p> <p>Name: _____ Name of Facility: _____ Add: _____ Ph/Fax#: _____</p>

CORE II- Pediatric Core Privileges in Family Practice

Privileges	Basic Education & Minimal Formal Training	Required Documentation and Experience
Privileges include admission, work-up, diagnosis and treatment of the general pediatric patient. It also includes the care of the normal newborn and also those admitted to the Level II nursery, neonatal circumcision and lumbar puncture.	<ol style="list-style-type: none"> 1. MD, DO, MBBS 2. Successful completion of an ACGME or Royal College of Physicians and Surgeons of Canada, or Professional Corporation of Physicians of Quebec approved residency program in Family Practice or its equivalent. 3. Board certification or progressing toward board certification in Family Practice and thereafter certified within seven years of the initial staff appointment, unless such a requirement is waived by the Board of Directors. 	<p><u>New Applicants:</u> Evaluation of your competency conducted by a family practice physician. Please indicate name and address of the physician whom we may contact.</p> <p>Name: _____ Name of Facility: _____ Add: _____ Ph/Fax#: _____</p> <p><u>Reappointment Applicants:</u> Evaluation of your competency conducted by a peer of your choice. Please indicate name and address of the physician whom we may contact</p> <p>Name: _____ Name of Facility: _____ Add: _____ Ph/Fax#: _____</p>

CORE III- Obstetrics Core Privileges in Family Practice

Privileges	Basic Education & Minimal Formal Training	Required Documentation and Experience
<p>Privileges include being able to perform normal spontaneous vaginal delivery of the term vertex presentation, including ante-partum and post-partum care, repair of minor vaginal and cervical lacerations, 4th degree perineal laceration and vacuum extraction.</p>	<ol style="list-style-type: none"> 1. MD, DO, MBBS 2. Successful completion of an ACGME or Royal College of Physicians and Surgeons of Canada, or Professional Corporation of Physicians of Quebec approved residency program in Family Practice or its equivalent. 3. Board certification or progressing toward board certification in Family Practice and thereafter certified within seven years of the initial staff appointment, unless such a requirement is waived by the Board of Directors. 	<p><u>New Applicants:</u></p> <ol style="list-style-type: none"> 1. Documentation of involvement as a primary physician in at least three vaginal deliveries within the last 24 months of any age pregnant woman, and 2. Evaluation of your competency conducted by a family practice physician. Please indicate name and address of the physician whom we may contact. Name: _____ Name of Facility: _____ Add: _____ Ph/Fax#: _____ <p><u>Reappointment Applicants:</u></p> <ol style="list-style-type: none"> 1. Documentation of involvement as a primary physician in at least three vaginal deliveries within the last 24 months of any age pregnant woman, and 2. Evaluation of your competency conducted by a peer of your choice. Please indicate name and address of the physician whom we may contact Name: _____ Name of Facility: _____ Add: _____ Ph/Fax#: _____

CORE IV- Surgical Core in Family Practice

Privileges	Basic Education & Minimal Formal Training	Required Documentation and Experience
<p>Privileges include assist in surgery, suture uncomplicated lacerations, incision and drainage of abscess, simple skin biopsy or excision, removal of non-penetrating corneal foreign body, closed fractures, uncomplicated dislocations, preoperative care of surgical patients, and postoperative medical care of surgical patients for pediatric and adult core.</p>	<ol style="list-style-type: none"> 1. MD, DO, MBBS 2. Successful completion of an ACGME or Royal College of Physicians and Surgeons of Canada, or Professional Corporation of Physicians of Quebec approved residency program in Family Practice or its equivalent. 3. Board certification or progressing toward board certification in Family Practice and thereafter certified within seven years of the initial staff appointment, unless such a requirement is waived by the Board of Directors. 	<p><u>New Applicants:</u></p> <p>Evaluation of your competency conducted by a family practice physician. Please indicate name and address of the physician whom we may contact. Name: _____ Name of Facility: _____ Add: _____ Ph/Fax#: _____</p> <p><u>Reappointment Applicants:</u></p> <p>Evaluation of your competency conducted by a peer of your choice. Please indicate name and address of the physician whom we may contact Name: _____ Name of Facility: _____ Add: _____ Ph/Fax#: _____</p>

CORE V- Occupational and Environmental Medicine Core Privileges in Family Practice

Privileges	Basic Education & Minimal Formal Training	Required Documentation and Experience
<p>General privileges in Occupational and Environmental Medicine in addition to the ability to provide consultation services on issues involving Occupational and Environmental Medicine.</p>	<ol style="list-style-type: none"> MD, DO, MBBS Successful completion of one year of internship in Internal Medicine, Internal Medicine /Pediatrics, or Family Practice approved by the ACGME, AOA, Royal College of Physicians and Surgeons of Canada, or Professional Corporation of Physicians of Quebec. 	<p><u>New Applicants:</u> Documentation of completion of a Residency in Occupational and Environmental Medicine or Demonstrated competency by proctorship by an Occupational and Environmental physician with privileges at Regions Hospital or designee. Please indicate name and address of the physician whom we may contact.</p> <p>Name: _____ Name of Facility: _____ Add: _____ Ph/Fax#: _____</p> <p><u>Reappointment Applicants:</u> Must supply documentation of number of worker related patient services performed during the past 24 months or Evaluation of your competency conducted by a qualified physician peer of your choice. Please indicate name and address of the physician whom we may contact.</p> <p>Name: _____ Name of Facility: _____ Add: _____ Ph/Fax#: _____</p>

CORE VI- Special Privileges in Family Practice

Procedures	Basic Education & Minimal Formal Training	Required Documentation and Experience
<p><input type="checkbox"/> Sigmoidoscopy (Flexible)</p> <p><input type="checkbox"/> Acupuncture</p> <p><input type="checkbox"/> EGD/Upper Endoscopy</p> <p><input type="checkbox"/> Bone Marrow Biopsy</p> <p><input type="checkbox"/> Chest Tube Placement</p> <p><input type="checkbox"/> Umbilical Artery Catherization</p> <p><input type="checkbox"/> Colposcopy to include Cervical Biopsy and LEEP</p>	<ol style="list-style-type: none"> MD, DO, MBBS Successful completion of an ACGME or Royal College of Physicians and Surgeons of Canada, or Professional Corporation of Physicians of Quebec approved residency program in Family Practice or its equivalent. Board certification or progressing toward board certification in Family Practice and thereafter certified within seven years of the initial staff appointment, unless such a requirement is waived by the Board of Directors. 	<p><u>New Applicants:</u> Documentation of completion of residency in Family Practice or Documentation of a formal training program in the procedure listed or A letter of reference from a Family Practice physician who has witnessed you performing the procedure or Demonstrated competency by proctorship by a Family Practice physician with privileges at Regions Hospital or designee. Please indicate name and address of the physician whom we may contact.</p> <p>Name: _____ Name of Facility: _____ Add: _____ Ph/Fax#: _____</p>

CORE VI- Special Privileges in Family Practice

Procedures	Basic Education & Minimal Formal Training	Required Documentation and Experience
<input type="checkbox"/> Cervical Biopsy only <input type="checkbox"/> Vasectomy <input type="checkbox"/> EMG's		Reappointment Applicants: Must supply documentation of number of inpatient services performed during the past 24 months or Evaluation of your competency conducted by a qualified physician peer of your choice. Please indicate name and address of the physician whom we may contact. Name: _____ Name of Facility: _____ Add: _____ Ph/Fax#: _____

TO BE COMPLETED BY APPLICANT:

I agree to supply Regions Hospital Credentialing Office (or designee) with all of the information that has been requested of me for the privileges that I have applied for listed above. I also understand that my application for privileges will not proceed until which time that the information is received.

Signature

Date

TO BE COMPLETED BY DIVISION/SECTION HEAD:

I have reviewed and/or discussed the privileges requested and find them to be commensurate with his/her training and experience, and recommend that his/her application proceed.

Signature

Date

Regions Hospital Delineation of Privileges Conscious Sedation

Applicant's Name: _____
Last
First
M
Date

Instructions: In order to be eligible to request clinical privileges to administer conscious sedation, a practitioner's must meet the following basic education & minimal formal training and the requirement documentation and experience.

Conscious Sedation

Privileges	Basic Education & Minimal Formal Training	Required Documentation and Experience
<p>Privileges include being able to administer and manage moderate sedation/analgesia (Conscious Sedation): a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accomplished by light tactile stimulation. A patent airway is maintained and spontaneous ventilation is adequate. Cardiovascular function is always maintained.</p>	<p>4. MD, DO, MBBS, DPM, DMD, DDS, 5. Successful completion of an ACGME or AOA, Royal College of Physicians and Surgeons of Canada, or Professional Corporation of Physicians of Quebec approved residency training program.</p>	<p><u>Initial Applicants:</u></p> <ol style="list-style-type: none"> 1. All applicants must be able to demonstrate competence for moderate sedation/analgesia (i.e. conscious sedation) must have the skills to rescue patients who enter a state of deep sedation/analgesia. 2. Each member applying for conscious sedation privileges will be required to document successful completion of an examination, provided by the medical staff services @ Regions at initial appointment or provide evidence of experience by meeting one of the following: <ul style="list-style-type: none"> • Copy of test and passing score from another hospital • Copy of governing board letter indicating the applicant has conscious sedation privileges at another hospital • Letter from Medical Staff Office at another hospital indicating specifically that the practitioner has conscious sedation privileges and the date they were granted • Recent graduates must provide attestation of competency from their program director <p><u>Reappointment Application:</u></p> <ul style="list-style-type: none"> • Successful applicant must be able to demonstrate that he/she has performed procedural sedation for at least ten (10) patients during the past twenty-four (24) months <p>OR</p> <ul style="list-style-type: none"> • documentation from his/her Division/Section Head of ongoing current competence

TO BE COMPLETED BY APPLICANT:

I understand that in making this request I am bound by the applicable Bylaws and policies of the Hospital and hereby stipulate that I meet the minimum threshold criteria for this request.

I agree to supply Regions Hospital Credentialing Office (or designee) with all of the information that has been requested of me for the privileges that I have applied for listed above. I also understand that my application for privileges will not proceed until which time that the information is received.

Signature

Date

TO BE COMPLETED BY DIVISION/SECTION HEAD:

I have reviewed and/or discussed the privileges requested and find them to be commensurate with his/her training and experience, and recommend that his/her application proceed.

Signature

Date