

Regions Hospital Delineation of Privileges Pathology

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- General Privileges Pathology

Privileges	Basic Education & Minimal Formal Training	Required Documentation and Experience
Core privileges in Pathology consist of evaluation of tissues, cytologies and body fluids -- gross and microscopic sections – submitted to the section of Pathology, the examination of blood smears, the obtaining and examination of bone marrow biopsies, fine needle aspiration of palpable lesions and material for cytogenetics.	<ol style="list-style-type: none"> 1. MD, DO, MBBS 2. 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 in Pathology 3. Board certified or board eligible by the American Board of Pathology or 4. Progressing toward board certification. 	<p><u>New Applicants:</u> Please provide the name and address of a Pathologist whom we may contact to comment on your current clinical competence.</p> <p>Name: _____ Add: _____ Ph/Fax#: _____</p> <p><u>Reappointment Applicants:</u> Documentation of direct or supervisory experience in responsible care of pathology patients, 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: _____ Add: _____ Ph/Fax#: _____</p>
Dermatopathology	<p>Same as Core I and</p> <p>Documentation of successful completion of a dermatopathology fellowship.</p>	<p><u>New Applicants:</u></p> <p>Documentation from the program director of the Dermatopathology fellowship program is required or from a physician peer whom we may contact and who attest to your clinical competence in Dermatopathology</p> <p>Name: _____ Add: _____ Ph/Fax#: _____</p> <p><u>and</u></p> <p>Board Certification in Dermatopathology by the American Board of Dermatology and Pathology.</p>

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 REGIONS HOSPITAL DIVISION/SECTION HEAD AT TIME OF REVIEW AND APPROVAL:

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