



Privileges in Family Medicine

Name: _____
Please Print

MEDICAL STAFF CATEGORY REQUESTED:

- Active** – Uses Stanford Hospital & Clinics (SHC) as a primary hospital and regularly admits/treats, consults, patients at this facility, or is regularly involved in medical staff functions. (Minimum 11 pt contacts per year)
- Courtesy-Admitting** – Member in good standing in another JCAHO, AAAHC or AAAASF accredited hospital, and admits/treats 3 – 10 patients per year at SHC
- Courtesy-Teaching** – Treats SHC patients only when incident to performing clinical teaching responsibilities. Must have teaching appointment with the Stanford School of Medicine

Please indicate any teaching title you may hold with the Stanford School of Medicine:

- Faculty (MCL, CE or UTL)
- Adjunct Clinical Faculty

Teaching Title: _____

REQUESTED	PROCEDURE	INITIAL CRITERIA	RENEWAL CRITERIA	PROCTOING REQUIREMENTS
CORE PRIVILEGES				
<input type="checkbox"/>	<p><u>Privileges included in the Core: **</u> Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide treatment for non- surgical patients without life-threatening complications. Privileges include:</p> <p><u>Cross out & INITIAL any privilege/s you are not applying for in this set of Basic Privileges</u></p> <ul style="list-style-type: none"> • Suture of uncomplicated lacerations • I & D abscess • Performance of simple skin biopsy or excision • Removal of non-penetrating corneal foreign body, foreign body from conjunctival sac, ear, nose, skin • Management of uncomplicated minor closed fractures and uncomplicated dislocations • Lumbar puncture • Anoscopy, I & D acute thrombosed hemorrhoid • Diaphragm fitting, Endometrial biopsy, IUD insertion and removal • Fiberoptic sigmoidoscopy – diagnostic only • Diagnostic and therapeutic paracentesis • Diagnostic thoracentesis • Aspiration of intra-, subcutaneous cysts, furuncles, etc. • Arthrocentesis, large joint, small joint • Therapeutic injection, large joint, small joint • Breast mass aspiration, breast cyst aspiration • Liquid nitrogen treatment warts, keratoses • Toe nail avulsion 	<p>Successful completion of an ACGME or AOA-accredited residency in family practice or foreign equivalent training.</p> <p align="center">AND Either</p> <p>Current certification or active participation in the examination process leading to certification in Family Medicine by the American Board of Family Medicine or the American Osteopathic Board of Family Medicine or foreign equivalent training/board.</p> <p align="center">OR</p> <p>Documentation or attestation of the management of general medicine problems for at least 100 inpatients or outpatients as the attending physician (or senior resident) during the past two years</p>	<p>Appropriate number of cases performed per year as based on Category</p> <p>_____ # of cases in 2 years</p> <p>Minimum 25 cases required in the past two years</p>	<p>Minimum 3 chart reviews</p>

SPECIAL PRIVILEGES (MUST ALSO MEET THE CRITERIA ABOVE)				
REQUESTED	PROCEDURE	ADDITIONAL CREDENTIALING CRITERIA (if applicable)	# of Cases performed in past 2 yrs **	Proctoring Requirements
<input type="checkbox"/>	Administration of Moderate Sedation	In accordance with Hospital Sedation Policy and completion of the SHC sedation exam	Sedation exam every 4 years	Minimum 3 chart review
<input type="checkbox"/>	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics	Must have teaching appointment through the Stanford School of Medicine.		
<input type="checkbox"/>	Admit, treat, or provide follow-up care for inpatients ages 14 years or younger, or obstetric patients	Must have membership and privileges at Lucile Packard Children's Hospital		
<input type="checkbox"/>	Fiberoptic sigmoidoscopy – with biopsy	10 cases in the past two years Documentation required	_____# of cases in 2 years Minimum 10 cases required	Minimum 3 chart reviews
<input type="checkbox"/>	Cervix – biopsy	10 cases in the past two years Documentation required	_____# of cases in 2 years Minimum 10 cases required	Minimum 3 chart reviews
<input type="checkbox"/>	Cervix – cryocautery	10 cases in the past two years Documentation required	_____# of cases in 2 years Minimum 10 cases required	Minimum 3 chart reviews
<input type="checkbox"/>	Colposcopy	10 cases in the past two years Documentation required	_____# of cases in 2 years Minimum 10 cases required	Minimum 3 chart reviews
<input type="checkbox"/>	Hemorrhoidal rubber banding	10 cases in the past two years Documentation required	_____# of cases in 2 years Minimum 10 cases required	Minimum 3 chart reviews
<input type="checkbox"/>	Newborn circumcision	10 cases in the past two years Documentation required	_____# of cases in 2 years Minimum 10 cases required	Minimum 3 chart reviews

**** On a separate sheet of paper, please describe any major, unexpected complications you have encountered for any of the Core Privileges or Additional Privileges you are requesting**

NOTE: PROCTORING IS REQUIRED FOR ALL INITIAL PRIVILEGES REQUESTED UNLESS OTHERWISE NOTED BY SERVICE CHIEF. MUST BE COMPLETED WITHIN 12 MONTHS

ACKNOWLEDGMENT OF PRACTITIONER:

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise at Stanford Hospital & Clinics. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I understand that in exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

Applicant Signature: _____ Date _____

If sending by email, type your name in the box above.

If sending by mail, please print first and then sign.