

Privileges in Nephrology Service

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 TJC, 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

ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit – requires Active or Courtesy Status at LPCH

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

- Faculty (MCL or UTL) Clinical Educator Adjunct Clinical Faculty

Teaching Title: _____

REQUESTED	PROCEDURE	INITIAL CRITERIA	RENEWAL CRITERIA	PROCTORING REQUIREMENT
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 or consultative services to patients presenting with illnesses, injuries, and disorders of the kidneys.</p> <p><u>Cross out & INITIAL any privilege/s you are not applying for in this set of Basic Privileges</u></p> <p>Privileges also include:</p> <ul style="list-style-type: none"> • Placement of temporary vascular access for hemodialysis and related procedures • Acute and chronic hemodialysis • Peritoneal dialysis (excluding placement of temporary peritoneal catheters) • Continuous renal replacement therapy • Percutaneous biopsy of both autologous and transplanted kidneys • Catheter insertion • Hemoperfusion • Renal clearance studies • Plasmapheresis • Management of transplant patients 	<p>Successful completion of an ACGME or AOA-accredited residency/fellowship in nephrology or foreign equivalent training.</p> <p style="text-align: center;">AND Either</p> <p>Current certification or active participation in the examination process leading to certification in nephrology by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine or foreign equivalent training/board.</p> <p style="text-align: center;">OR</p> <p>Documentation or attestation of the performance of an adequate number of nephrology procedures on inpatients or outpatients as the attending physician (or senior resident) during the past two years</p>	<p>Reappointments: please be prepared to provide a list of cases performed at facilities other than SHC if requested.</p> <p>Appropriate number of cases performed per year as based on Category (50 cases for hemodialysis and continuous renal replacement therapy; 25 cases for peritoneal dialysis)</p> <p>____ # of cases in the past two years</p> <p>Minimum of 100 cases required for the past two years</p>	<p>5 Chart Reviews</p>

SPECIAL PRIVILEGES (MUST ALSO MEET THE CRITERIA ABOVE)				
REQUESTED	PROCEDURE	ADDITIONAL CREDENTIALING CRITERIA	# of Cases performed in past 2 yrs **	Proctoring Requirement
<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	5 chart reviews
<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	Must have membership and privileges at Lucile Packard Children's Hospital		

**** 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 and 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.