

SPECIAL PRIVILEGES (MUST ALSO MEET THE CRITERIA ABOVE)				
REQUESTED	PROCEDURE	SPECIAL PRIVILEGES CREDENTIALING CRITERIA	# 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 ___ # of cases in past 2 years (Minimum 2 cases performed at any facility where member of medical staff for past two years)	3 Chart Reviews
<input type="checkbox"/>	Use of fluoroscopy equipment (or supervision of other staff using the equipment)	'Radiology Supervisor and Operator Certificate' or 'Fluoroscopy Supervisor and Operator Permit' required	Maintenance of valid Fluoroscopy or Radiology Certificate ___ # of cases in past 2 years (Minimum 2 cases performed at any facility where member of medical staff for past two years)	
<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		
<input type="checkbox"/>	Advanced complex rearfoot and ankle surgical procedures	Board Certification in rearfoot/ankle surgery by ABPS or board qualified or completion of a 2 year podiatry residency. Documentation of performance of at least 20 Advanced procedures. Ankle certification by MBC required.	___ # of cases in past 2 years (Minimum 6 cases performed at any facility where member of medical staff for past two years)	<5 years practicing = 10 observations > 5 years practicing = 5 observations and 5 Chart Reviews If ABPS certified = 5 chart reviews only
<input type="checkbox"/>	Advanced specialized surgery, partial amputation, reconstructive surgery of forefoot, trauma of foot and ankle, Tendon-Achilles lengthening, All pedal tendon transfer procedures, Young flatfoot suspension, procedures, Pantalar arthrodesis, Ligamentous repair tarsus	Board Certification in rearfoot/ankle surgery by ABPS or board qualified or completion of a 2 year podiatry residency. Documentation of performance of at least 8 Advanced specialized surgery procedures – must submit documentation log.	___ # of cases in past 2 years (Minimum 6 cases performed at any facility where member of medical staff for past two years)	5 Chart Reviews
<input type="checkbox"/>	Ankle Arthroscopy/Endoscopy	Must also have Advanced Procedure privileges. Ankle certification by MBC required; Documentation and completion a suitable two day course i.e., ACFAS or AOFAS. If Board Certified in Rearfoot Ankle and hold privileges at another facility with a minimum of 12 cases in the past two years – please provide documentation log.	___ # of cases in past 2 years (Minimum 6 cases performed at any facility where member of medical staff for past two years)	5 Chart Reviews
<input type="checkbox"/>	Orthotripsy	Completed training with a Licensed Program	___ # of cases in past 2 years (Minimum 2 cases performed at any facility where member of medical staff for past two years)	5 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 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.