



Delineation Of Privileges
Family Medicine Privileges

Provider Name:

Privilege	Requested	Tabled	Approved
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FAMILY MEDICINE - CORE PRIVILEGES

Criteria:

- a) Board Certification or qualified for certification by the American Board of Family Medicine or the American Osteopathic Board of Family Medicine; **OR**
- b) Successful completion of a three-year ACGME or AOA accredited residency program in Family Medicine requiring certification by a training director regarding experience and demonstrated competence to perform the procedure(s) requested.

Current Competence: Demonstration of the provision of inpatient services to at least ten (10) patients in the past two years.

Proctoring Requirements: A minimum of eight (8) cases in accordance with the Medical Staff Proctoring Protocol.

GENERAL PRIVILEGES:

Admitting Privileges (Patients 18 years of age or older) ___ ___ ___

Consultation Only Privileges ___ ___ ___

Sedation Analgesia ___ ___ ___

Criteria: Requires successful completion of the Sedation Assessment Test
Additional criteria effective April 1, 2015: a) Evidence of current ACLS and/or PALS from the American Heart Association; AND b) Evidence of completion of an Airway Management Course

a) Adult Sedation ___ ___ ___

b) Pediatric Sedation (17 years and under) ___ ___ ___

Restraint and Seclusion ___ ___ ___

Criteria: Requires successful completion of the Restraint and Seclusion Assessment Test

FAMILY MEDICINE CORE PRIVILEGES:

Includes the non-surgical management and coordination of care, treatment and services to patients 18 years of age or older, including: Medical history and physical examinations, consultations and prescribing medication according to DEA Certificate.

Lumbar puncture ___ ___ ___

Paracentesis ___ ___ ___



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Patient-controlled analgesia (PCA)	___	___	___
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TPN Management	___	___	___
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FAMILY MEDICINE - SUPPLEMENTAL PRIVILEGES

Criteria: As outlined under each Supplemental privilege listed below.

ADDICTION MEDICINE

Criteria: Applicants must submit evidence of current certification from the American Society of Addiction Medicine or Subspecialty Board Certification in Addiction Medicine from the American Osteopathic Association.

Competency Requirements: Evidence of managing at least three (3) patients over a two-year period.

Proctoring Requirements: Eight (8) cases

Admit and Manage patients with addiction	___	___	___
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Buprenorphine Privileges:

Criteria: Applicants must submit evidence of successful completion of SAMSHA approved course training on the use of Buprenorphine with DEA waiver to prescribe Buprenorphine.

Competency Requirements: Evidence of managing at least three (3) patients over a two year period.

Proctoring Requirements: Three (3) cases.

Order and manage patients receiving Buprenorphine	___	___	___
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Last Revised: 5/25/06, 6/24/2010; 05/26/2011; 10/30/2014

ACKNOWLEDGEMENT OF THE PRACTITIONER:

I have requested only those privileges for which my education, training, current experience and demonstrated performance I am qualified to perform, and that I wish to exercise at Huntington Hospital, and I understand that: a) in exercising my clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation; b) any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signature of Applicant: _____ **Date:** _____



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DEPARTMENT CHAIR RECOMMENDATIONS

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Applicant may perform privileges and procedures as indicated: _____ YES _____ NO

Exceptions/Limitations (Please Specify): _____

APPROVALS:

Section Chair: _____ Date: _____

Department Chair: _____ Date: _____

Credential Committee Date: _____

Medical Executive Committee Date: _____

Board of Directors Approved on: _____