|  |  |  |  |
| --- | --- | --- | --- |
| **Please note that there are separate Vascular and Pediatric Surgery privilege cards. If you are interested in privileges within those sub-specialties, you will need to request an additional delineation of privileges form** |  |  |  |
| **GENERAL/COLORECTAL PRIVILEGES**  ***Criteria***: New applicants or Current Staff Members: Board Certification or active candidacy for board certification by the American Board of Surgery. ***Grandfather Clause***: Current Staff Members Only: Successful completion of an ACGME or AOA approved training program in the surgeon's specialty; OR demonstrated acceptable practice in the privileges being requested.  ***Proctoring Requirements***: Individual procedures will be proctored as per the Medical Staff Proctoring Protocol. Proctoring shall consist of a minimum of six (6) acceptable representative cases as the primary surgeon. |  |  |  |
| **GENERAL PRIVILEGES:** | \_\_\_ | \_\_\_ | \_\_\_ |
| Admit | \_\_\_ | \_\_\_ | \_\_\_ |
| Consultation Only Privileges | \_\_\_ | \_\_\_ | \_\_\_ |
| Surgical Assist ONLY | \_\_\_ | \_\_\_ | \_\_\_ |
| **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 certification 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) | \_\_\_ | \_\_\_ | \_\_\_ |
| Local and regional block anesthesia | \_\_\_ | \_\_\_ | \_\_\_ |
| Restraint and Seclusion ***Criteria:***   Requires successful completion of the Restraint and Seclusion Assessment test | \_\_\_ | \_\_\_ | \_\_\_ |
| **CATEGORY 1 GENERAL and COLORECTAL SURGERY PRIVILEGES**:  Includes the management and coordinator of care, treatment and services, including:   Medical History and Physical examinations; Consultations and prescribing medication in accordance with DEA certificate. | \_\_\_ | \_\_\_ | \_\_\_ |
| **Abdominal Surgery:** | \_\_\_ | \_\_\_ | \_\_\_ |
| Surgery of abdominal wall including management of all forms of hernia, including diaphragmatic hernia, hydrocelectomy, orchiopexy, vasectomy, and orchiectomy in association with hernia repair (age 2 years and above). | \_\_\_ | \_\_\_ | \_\_\_ |
| Gastro-duodenal surgery | \_\_\_ | \_\_\_ | \_\_\_ |
| Vagotomy | \_\_\_ | \_\_\_ | \_\_\_ |
| Operations on gallbladder, biliary tract, bile duct, hepatic duct | \_\_\_ | \_\_\_ | \_\_\_ |
| Appendectomy | \_\_\_ | \_\_\_ | \_\_\_ |
| Laparotomy for diagnostic or exploratory purpose or for management of intra-abdominal sepsis | \_\_\_ | \_\_\_ | \_\_\_ |
| Drainage procedures for relief of ascites | \_\_\_ | \_\_\_ | \_\_\_ |
| Incision, excision, resection and enterostomy of intestine | \_\_\_ | \_\_\_ | \_\_\_ |
| Anastomosis, repair and other operations on intestine | \_\_\_ | \_\_\_ | \_\_\_ |
| Surgery of the spleen and associated lymphatic structures, including staging procedures for lymphoma, and other forms of malignant disease | \_\_\_ | \_\_\_ | \_\_\_ |
| Small intestine | \_\_\_ | \_\_\_ | \_\_\_ |
| Colon | \_\_\_ | \_\_\_ | \_\_\_ |
| Laparotomy for bowel obstruction/ruptured viscus | \_\_\_ | \_\_\_ | \_\_\_ |
| Perineal resection | \_\_\_ | \_\_\_ | \_\_\_ |
| Basic Laparoscopic Surgery: Diagnostic laparoscopy, laparoscopic lysis of adhesions, laparoscopic ostomy formation, laparoscopic cholecystectomy with IOC and laparoscopic appendectomy & laparoscopic ovarian surgery) | \_\_\_ | \_\_\_ | \_\_\_ |
| **Pancreatic/Hepatobiliary Surgery:** | \_\_\_ | \_\_\_ | \_\_\_ |
| Partial pancreatectomy | \_\_\_ | \_\_\_ | \_\_\_ |
| Partial liver resection | \_\_\_ | \_\_\_ | \_\_\_ |
| Hemi-hepatectomy | \_\_\_ | \_\_\_ | \_\_\_ |
| Wedge resection/biopsy | \_\_\_ | \_\_\_ | \_\_\_ |
| Radical regional lymph node dissection | \_\_\_ | \_\_\_ | \_\_\_ |
| Treatment of pancreatic pseudocysts | \_\_\_ | \_\_\_ | \_\_\_ |
| **Breast Surgery:** | \_\_\_ | \_\_\_ | \_\_\_ |
| To meet National Accreditation Program for Breast Centers (NAPBC) standards for credentialing, providers must submit evidence of two (2) breast related Category I CME per year at initial Appointment and Reappointment, not to include Breast Cancer Conference/Tumor Board. |  |  |  |
| Partial mastectomy, excision of lesion | \_\_\_ | \_\_\_ | \_\_\_ |
| Simple mastectomy | \_\_\_ | \_\_\_ | \_\_\_ |
| Radical mastectomy | \_\_\_ | \_\_\_ | \_\_\_ |
| Modified radical mastectomy | \_\_\_ | \_\_\_ | \_\_\_ |
| Sentinel node biopsy | \_\_\_ | \_\_\_ | \_\_\_ |
| **Head, Neck and Esophageal Surgery:** | \_\_\_ | \_\_\_ | \_\_\_ |
| Thyroid/parathyroid gland surgery | \_\_\_ | \_\_\_ | \_\_\_ |
| Surgical management of diverticulum of the cervical esophageus, and surgery of the minor salivary glands | \_\_\_ | \_\_\_ | \_\_\_ |
| Surgery of the parotid gland and major salivary glands | \_\_\_ | \_\_\_ | \_\_\_ |
| Surgery of the oral cavity soft tissues | \_\_\_ | \_\_\_ | \_\_\_ |
| Tracheostomy | \_\_\_ | \_\_\_ | \_\_\_ |
| Surgery on thymus | \_\_\_ | \_\_\_ | \_\_\_ |
| Management of localized tumors | \_\_\_ | \_\_\_ | \_\_\_ |
| **Endoscopy:** | \_\_\_ | \_\_\_ | \_\_\_ |
| Percutaneous endoscopic gastrostomy (PEG) | \_\_\_ | \_\_\_ | \_\_\_ |
| Bronchoscopy | \_\_\_ | \_\_\_ | \_\_\_ |
| Laryngoscopy | \_\_\_ | \_\_\_ | \_\_\_ |
| Colonoscopy (with and without polypectomy) | \_\_\_ | \_\_\_ | \_\_\_ |
| Esophagogastroduodenoscopy (EGD) | \_\_\_ | \_\_\_ | \_\_\_ |
| **Rectal Surgery:** | \_\_\_ | \_\_\_ | \_\_\_ |
| Hemorrhoidectomy | \_\_\_ | \_\_\_ | \_\_\_ |
| Proctostomy | \_\_\_ | \_\_\_ | \_\_\_ |
| Incision/excision, perirectal tissue | \_\_\_ | \_\_\_ | \_\_\_ |
| Local excision of rectal lesion | \_\_\_ | \_\_\_ | \_\_\_ |
| Proctectomy, including abdominoperineal approach | \_\_\_ | \_\_\_ | \_\_\_ |
| Repair of rectum | \_\_\_ | \_\_\_ | \_\_\_ |
| Operation on pilonidal sinus/cyst | \_\_\_ | \_\_\_ | \_\_\_ |
| Sigmoidoscopy | \_\_\_ | \_\_\_ | \_\_\_ |
| Anal fissure/fistula | \_\_\_ | \_\_\_ | \_\_\_ |
| Transanal rectal mass excision | \_\_\_ | \_\_\_ | \_\_\_ |
| Sphincter muscle defects | \_\_\_ | \_\_\_ | \_\_\_ |
| Rectovesical fistula | \_\_\_ | \_\_\_ | \_\_\_ |
| Rectocele | \_\_\_ | \_\_\_ | \_\_\_ |
| Rectal Cancer Surgery (Excision or Resection of Rectum) **Criteria for New Applicants /Reapplicants:** Provide evidence of having performed a minimum of twelve (12) cases in previous 24-month period.  Clinical activity from other facilities is acceptable.  If minimum volumes are not met surgeon must show competency through successful completion of one (1) proctored case. | \_\_\_ | \_\_\_ | \_\_\_ |
| **Gynecology:** | \_\_\_ | \_\_\_ | \_\_\_ |
| Recto-vaginal fistula repair | \_\_\_ | \_\_\_ | \_\_\_ |
| Surgery on: uterus, ovary, fallopian tube, vagina, vulva & cervix | \_\_\_ | \_\_\_ | \_\_\_ |
| Repair cystocele | \_\_\_ | \_\_\_ | \_\_\_ |
| **Skin and Soft Tissue:** | \_\_\_ | \_\_\_ | \_\_\_ |
| Grafts - split or full thickness | \_\_\_ | \_\_\_ | \_\_\_ |
| Rotational flaps | \_\_\_ | \_\_\_ | \_\_\_ |
| Z-Plasty | \_\_\_ | \_\_\_ | \_\_\_ |
| W-Plasty | \_\_\_ | \_\_\_ | \_\_\_ |
| **Other Privileges:** | \_\_\_ | \_\_\_ | \_\_\_ |
| Adrenalectomy | \_\_\_ | \_\_\_ | \_\_\_ |
| Amputation,   lower extremity | \_\_\_ | \_\_\_ | \_\_\_ |
| Bowel obstruction, observation and conservative treatment | \_\_\_ | \_\_\_ | \_\_\_ |
| Catheterization - central venous monitoring and IV access (age 2 years and above) | \_\_\_ | \_\_\_ | \_\_\_ |
| Catheterization - insertion of Broviac or Hickman catheter (age 2 years and above) | \_\_\_ | \_\_\_ | \_\_\_ |
| Endoscopic vein harvesting | \_\_\_ | \_\_\_ | \_\_\_ |
| Endotracheal intubation | \_\_\_ | \_\_\_ | \_\_\_ |
| Enteric fistula, major | \_\_\_ | \_\_\_ | \_\_\_ |
| Interstim | \_\_\_ | \_\_\_ | \_\_\_ |
| Management & biopsy of all forms of soft tissue tumor, inflammatory mass, infections, abscess, nevus lipoma, and cysts | \_\_\_ | \_\_\_ | \_\_\_ |
| Management: Chest/neck trauma, thoracostomy tubes, blood gas interpretation | \_\_\_ | \_\_\_ | \_\_\_ |
| Management/Observation: Intra-abdominal trauma/injury, paracentesis, lavage | \_\_\_ | \_\_\_ | \_\_\_ |
| Radical regional lymphadenectomy | \_\_\_ | \_\_\_ | \_\_\_ |
| Subfacial endoscopic perforator | \_\_\_ | \_\_\_ | \_\_\_ |
| Superficial regional lymphadenectomy | \_\_\_ | \_\_\_ | \_\_\_ |
| Surgery: peripheral venous disease, excision/grafting of stasis ulcers | \_\_\_ | \_\_\_ | \_\_\_ |
| Swan Ganz catheterization | \_\_\_ | \_\_\_ | \_\_\_ |
| Tube thoracostomy, thoracentesis | \_\_\_ | \_\_\_ | \_\_\_ |
| **CATEGORY 2 - ADVANCED PRIVILEGES**:  ***Criteria:*** Applicants must meet the criteria outlined for Category 1 General/Colorectal Surgery privileges; AND provide one of the following: a)   Certification by a Training Director regarding experience and demonstrated competence in each privilege requested; OR  b)   Evidence of acceptable practice in the privileges being requested. ***Proctoring Requirements:*** Proctoring requirements are outlined under each Category 2 privilege below ***Competency Requirements:*** As outlined below under each Category 2 privilege group |  |  |  |
| **CATEGORY 2 - ADVANCED PRIVILEGES:** | \_\_\_ | \_\_\_ | \_\_\_ |
| **Laser (Specify type)**: | \_\_\_ | \_\_\_ | \_\_\_ |
| a)   Argon | \_\_\_ | \_\_\_ | \_\_\_ |
| b)   CO2 | \_\_\_ | \_\_\_ | \_\_\_ |
| c)   YAG | \_\_\_ | \_\_\_ | \_\_\_ |
| **Head and Neck Advanced Privileges**  ***Proctoring Requirements***: A minimum of any one case from item #1 to #3 below. ***Competency Requirements***: Evidence of performing at least one (1) procedure every 2 years, as the primary surgeon, in any of the three listed Head and Neck procedures. |  |  |  |
| **Head and Neck Advanced Procedures:** | \_\_\_ | \_\_\_ | \_\_\_ |
| 1)   Composite resection of mandible | \_\_\_ | \_\_\_ | \_\_\_ |
| 2)   Radical neck dissection | \_\_\_ | \_\_\_ | \_\_\_ |
| 3)   Partial or total glossectomy | \_\_\_ | \_\_\_ | \_\_\_ |
| **Gynecology Advanced Privileges**  ***Proctoring Requirements***: One case. ***Competency Requirements***: Evidence of performing at least one (1) procedure each (2) years, as the primary surgeon, in any of the listed Gynecology procedures. |  |  |  |
| **Gynecology Advanced Procedures:** | \_\_\_ | \_\_\_ | \_\_\_ |
| 1)   Pelvic extenteration | \_\_\_ | \_\_\_ | \_\_\_ |
| **Pancreatic/Hepatobiliary Surgery Advanced Privileges**  ***Proctoring Requirements:*** A minimum of any case from item #1 to item #6 below. ***Competency Requirements:*** Evidence of performing at least (2) procedures each 2 years, as the primary surgeon, in any of the six listed Pancreatic Surgery procedures. In the event competency criteria are not met, proctoring will be required. |  |  |  |
| **Pancreatic/Hepatobiliary Surgery Advanced Procedures:** | \_\_\_ | \_\_\_ | \_\_\_ |
| 1)   Total pancreatectomy | \_\_\_ | \_\_\_ | \_\_\_ |
| 2)   Radical pancreatic duodenectomy (WHIPPLE) | \_\_\_ | \_\_\_ | \_\_\_ |
| 3)   Hepatic tri-segmentectomy | \_\_\_ | \_\_\_ | \_\_\_ |
| 4)   Decompressive procedures for portal hypertension & porta caval shunting | \_\_\_ | \_\_\_ | \_\_\_ |
| 5)   Radiofrequency ablation of hepatic lesion | \_\_\_ | \_\_\_ | \_\_\_ |
| 6)   Cryoablation of hepatic lesion | \_\_\_ | \_\_\_ | \_\_\_ |
| **Category 2 Foregut Advanced Surgery Privileges *Proctoring Requirements:*** A minimum of any one case from items 1 to 3 below. ***Competency Requirements:*** Evidence of performing at least 2 procedures every 2 years as primary surgeon in any of the listed procedures.  In the event competency are not met, proctoring will be required. | \_\_\_ | \_\_\_ | \_\_\_ |
| 1.    Esophagectomy | \_\_\_ | \_\_\_ | \_\_\_ |
| 2.    Esophagotastrectomy | \_\_\_ | \_\_\_ | \_\_\_ |
| 3.    Other surgery on esophagus/stomach via thoracotomy | \_\_\_ | \_\_\_ | \_\_\_ |
| **Advanced Laparoscopic Procedures:** | \_\_\_ | \_\_\_ | \_\_\_ |
| **Category 2 - Advanced Laparoscopic Privileges**  ***Criteria:*** Applicants must be currently privileged in Category 1 analogous open procedures; applicants must hold Basic Laparoscopic privileges AND have completed proctoring for the Basic Laparoscopic procedures; AND provide certification of completion of an approved hands-on laparoscopic training program or course in the specific privilege care requested; AND applicants must meet one of the following criteria: Option "A": Applicant must currently hold Basic Laparoscopic privileges and provide evidence of successfully completing a minimum of 25 Basic Laparoscopic procedures, in addition to above training.  Option "B": Applicant must provide evidence of specific advanced laparoscopic training and experience as part of an accredited surgical residency or fellowship program in the same Advanced Privilege group being requested.  ***Proctoring Requirements - Option "A" and Option "B"***: A minimum of three (3) representative sample cases in the specific privilege category requested. The proctor must be a member of the HH Medical Staff, approved by the General Surgery Section, who has completed proctoring in the Advanced Laparoscopic procedure category being proctored. These minimum cases do NOT supplant the six cases required as   a Provisional Staff member. ***Competency Requirements:*** Evidence of the successful performance, as primary surgeon, of at least six (6) Advanced Laparoscopic procedures every 2 years in privilege categories 1-3.  Current competency is not required for category 4.  Clinical activity from other facilities is acceptable |  |  |  |
| 1.  Laparoscopic intestinal procedures to include: small and large bowel resection and anastomosis, right and left colon resection, low anterior resection, abdominal perineal resection, colostomy formation,   ostomy closure (excluding bariatric surgery) | \_\_\_ | \_\_\_ | \_\_\_ |
| 2. Laparoscopic foregut procedures to include: esophageal myotomy, hiatal hernia repair, gastric fundoplication, gastric resection, gastroenterostomy, vagotomy, duodenal procedures and gastric tube placement (excluding bariatric surgery) | \_\_\_ | \_\_\_ | \_\_\_ |
| 3. Laparoscopic solid organ procedures to include: adrenal, pancreas, kidney, live and spleen | \_\_\_ | \_\_\_ | \_\_\_ |
| 4. Laparoscopic hernia repair | \_\_\_ | \_\_\_ | \_\_\_ |
| **Category 2 - Metabolic and Bariatric Advanced Surgery Privileges:**   ***Criteria:*** Education: a)  Applicant must have completed an American Society for Metabolic and Bariatric Surgery Essentials Course or equivalent; OR have completed an ACGME accredited residency or fellowship with       specialized training in Metabolic and Bariatric Surgery, AND b)  Must be currently privileged in advanced gastric and intestinal laparoscopic procedures.  Training: Applicants must provide evidence of completion of fifty (50) supervised metabolic and bariatric cases with acceptable performance. Coverage: Practitioner must have cross coverage with a member of the HH Medical Staff who has equivalent privileges in Metabolic and Bariatric Surgery.   Patient Management: The practitioner should provide evidence of patient management within the context of a comprehensive Metabolic and Bariatric Surgery Program assuring patient educational, nutritional and psychosocial support. Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) requirements: Practitioner agrees to participate in all MBSAQIP standards including attending a minimum of two (2) Huntington Hospital Metabolic and Bariatric Surgery Committee meetings each year, utilizing approved metabolic and bariatric surgery clinical pathways, participating MBSAQIP outcomes data collection and review requirements, MBSAQIP quality improvement projects, and Metabolic and Bariatric Surgery Huntington Hospital emergency room call and other obligations as approved by the Huntington Hospital Metabolic and Bariatric Surgery Committee.   ***Concurrent Proctoring Requirements:*** Proctoring is required for a minimum of three (3) cases as the primary surgeon for each new procedure requested. (Must be proctored by a member of the HH Medical Staff, with equivalent privileges in Metabolic and Bariatric Surgery).  ***Current Competency Requirements:*** In order to maintain privileges in Metabolic and Bariatric Surgery, the practitioner must meet the following minimum requirements: a)   Demonstrate completion of 25 stapled metabolic and bariatric surgery related cases as primary surgeon, per year (appropriate cases at other institutions may also count toward this total); AND b)   Obtain 16 Category 1 CME units in Bariatric Surgery every two years. |  |  |  |
| **Category 2 - Advanced Bariatric Surgery Procedures**: | \_\_\_ | \_\_\_ | \_\_\_ |
| Laparoscopic and Open Roux-en Y Gastric Bypass (Must show documentation of training specific to this procedure) | \_\_\_ | \_\_\_ | \_\_\_ |
| Laparoscopic and Open Gastric Sleeve (Must show documentation of training specific to this procedure.  Must be fully privileged and completed proctoring in Laparoscopic Roux-en Y Gastric Bypass or Laparoscopic Duodenal Switch; proctoring beyond that for Laparoscopic Roux-en Y Gastric Bypass or Laparoscopic Duodenal Switch not required) | \_\_\_ | \_\_\_ | \_\_\_ |
| Laparoscopic and Open Adjustable Gastric Banding  (Must show documentation of training specific to this procedure and procedural certification) | \_\_\_ | \_\_\_ | \_\_\_ |
| Laparoscopic and Open Duodenal Switch (Must show documentation of training specific to this procedural certification) | \_\_\_ | \_\_\_ | \_\_\_ |
| **Category 2 - Robotic Laparoscopic Advanced Privileges**  ***Criteria:*** Applicants must be Board Certified or eligible for certification by the American Board of Surgery; must have current laparoscopic privileges in the specific procedure being requested; must have completed Training Workshop for the da Vinci system; AND must meet either Route "1" or Route "2" below  ROUTE "1" CRITERIA: Previous practical experience via an accredited residency or fellowship program with documented clinical experience of a minimum of twenty (20) robotic assisted procedures, with at least ten (10) as the primary surgeon.  ROUTE "1" PROCTORING REQUIREMENTS:  At least the first three cases as the primary surgeon, proctored by a surgeon who has performed a minimum of ten (10) robotic procedures. *COMPETENCY REQUIREMENTS:*  Performance of at least five (5) robotic procedures per year as primary surgeon to maintain robotic privileges.  Physicians who fail to meet the competency requirements will be required to undergo proctoring of at least three (3) cases.  ROUTE "2" CRITERIA: Completion of an approved residency or fellowship program in general surgery with documented clinical experience of at least 25 laparoscopic procedures within the last year. ROUTE "2" PROCTORING REQUIREMENTS:  At least the first five (5) cases as the primary surgeon, proctored by two different surgeons who have performed a minimum of ten (10) robotic procedures. *COMPETENCY REQUIREMENTS:*  Performance of at least five (5) robotic procedures per year as primary surgeon to maintain robotic privileges.  Physicians who fail to meet the competency requirements will be required to undergo proctoring of at least five cases. |  |  |  |
| Robotic Laparoscopic Procedures | \_\_\_ | \_\_\_ | \_\_\_ |
| **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:\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |
| **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):   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| **Bariatric Medical Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date: \_\_\_\_\_\_\_\_\_\_** |  |  |  |
| **Robotic Medical Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |
| **Section Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date: \_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |
| **Department Chair:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:  \_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |
| **Credential Committee Date: \_\_\_\_\_\_\_\_\_\_** |  |  |  |
| **Medical Executive Committee Date: \_\_\_\_\_\_\_\_\_\_** |  |  |  |
| **Board of Directors Approved on: \_\_\_\_\_\_\_\_\_\_** |  |  |  |
| *Revised 03/25/10; 02/28/13; 5/22/14; 3/26/15* |  |  |  |