Providence Hospital
of North Houston

16750 Red Oak Dr.
Houston, Texas 77090

Print Name	**Address**
Email	**Cell Phone**
Fax	**Date**

Privilege Reque**st Form –Internal Medicine**

SECTION I – GENERAL REQUIREMENTS INTERNAL MEDICINE:

Basic Education: MD or DO

INITIAL APPOINTMENT:

Minimal formal training and experience:

- Successful completion of an ACGME–accredited Internal Medicine residency or fellowship training program or an AOA-approved training program in Internal Medicine.
- The number of cases performed in the last 12 months for each procedure requested along with the documentation of proficiency must be sufficient to validate competence. An applicant who has just completed a residency shall provide his/her residency log. Additional documentation and monitoring may be required at the discretion of the Medical Director or the Chief of Staff. Some procedures may require additional documentation of training and experience which is acceptable to the Medical Director, such as Proctoring Reports, Operative Reports and Discharge Summaries for other institutions, written communication of documents from the Chairperson or the designee of an approved academic training program, approved continuing medical education course, or clinical department from another institution attesting to completion of a specified course of training, and/or the number of the specified successful procedures performed, and/or the applicant's known ability to perform a specific procedure, which the applicant has previously been formally trained to carry out in an approved program.
- Member in good standing of an accredited acute care hospital and/or ambulatory surgery center, with the same or similar unrestricted privileges.
- Board Certified by the American Board of Internal Medicine or American Osteopathic Board of Internal Medicine is preferred.

- Interview by the Medical Director and/or Chief of Staff when requested.

REAPPOINTMENT MAINTENANCE OF PRIVILEGE:

- Demonstrated evidence of clinical activity from relevant professional practice evaluation during the past 24 months without significant quality variations, OR
- Peer recommendations when performance data is insufficient at the time of reappraisal; and
- Ongoing maintenance of continuing medical education as it pertains to scope of license and specialty.

SECTION II – PRIVILEGES REQUESTED:

CORE PRIVILEGES	REQUESTED	GRANTED	DENIED
Admit Patients			
Perform History & Physical Exam			
Evaluate, Diagnose & Treat			
Order Diagnostic Studies & Procedures			
Order medications			
Medical management of post-surgical patients using prudent and good medical judgment for appropriate consultation			

Levels of Privileges:

1 Physicians with these privileges may render emergency care and treat illness with no serious threat to life that is uncomplicated, and is expected to require only a short period of hospitalization. When doubt exists as to the diagnosis or in cases where expected improvement is not apparent, consultation must be obtained.

#2 Physicians with these privileges are expected to request consultation in all cases in which doubt exists as to the diagnosis, where expected improvement is not soon apparent, and when specialized therapeutic or diagnostic techniques are indicated.

#3 Physicians with these privileges are expected to have training and/or experience and competence on a level commensurate with that provided by specialty training, such as in the broad field of Internal Medicine, although not necessarily at the level of a sub-specialist. Such a physician may act as a consultant to others and may, in turn, be expected to request consultation when:

- Diagnosis and/or management remains in doubt over an unduly long period of time, especially in the presence of a life threatening illness;
- Unexpected complications arise which are outside this level of competence; and
- Specialized treatment of procedures is contemplated with which they are not familiar.

#4 Physicians with these privileges has the highest level of competence within a given field, on par with that considered appropriate for a sub-specialist. He/she is qualified to act as a consultant and should, in turn, request consultation within or from outside the hospital staff when needed.

Circle the number 1, 2, 3 or 4 to indicate the level of privileges for each clinical area that you are requesting privileges. Example, if your subspecialty is cardiology, you would circle 4 for cardiology and perhaps 1 for dermatology, 2 for endocrinology, 3 for hematology, etc.

CLINICAL AREA	LEVEL REQUESTED	GRANTED	DENIED
Cardiology	1 2 3 4		
Dermatology	1 2 3 4		
Endocrinology	1 2 3 4		
Hematology	1 2 3 4		
Infectious Disease	1 2 3 4		
Nephrology	1 2 3 4		
Pulmonary Disease	1 2 3 4		
Rheumatology	1 2 3 4		
Physical Medicine	1 2 3 4		
Psychiatry	1 2 3 4		

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Invasive Procedures:

PROCEDURES	# PROCEDURES IN LAST 12 MONTH	REQUESTED	GRANTED	GRANTED W/ CONDITIONS
Arterial line insertion				
Bronchoscopy				
Cardioversion, emergency				
Central Venous Catheterization				
Chest tube placement				
EKG interpretation Endotracheal intubation				
Temporary pacemaker insertion				
Ventilator management				
Other:				

□ **Yes** □ **No** **I ANTICIPATE ADMINISTERING MY OWN ANESTHESIA. IF YES - MODERATE SEDATION PRIVILEGE REQUEST FORM REQUIRED.**

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SECTION III - ACKNOWLEDGE OF PRACTITIONER:

I have requested only those specific privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at the Hospital. I hereby attest that the references, reports, records and information are available that verify my qualifications and competency to practice as requested.

I understand that:

1. In exercising any clinical privileges granted, I am constrained by any hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
2. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws.
3. The use of any other new, untried, or unproven procedure/treatment modality/instrumentation maybe performed or used, only after the regular credentialing process has been completed and the privilege to perform or use said procedure/treatment modality/instrumentation has been granted to the individual practitioner.

_____ _____

PHYSICIAN SIGNATURE **DATE**

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SECTION IV – RECOMMENDATIONS AND APPROVALS

Recommendation of Medical Director:

I have reviewed the requested clinical privileges and supporting documentation for the above named applicant and recommend the following action on the privileges:

____ Approval of all requested privileges

____ Approval of the following privileges with conditions: _____

____ Denied of the following privileges: _____

_____ _____

Medical Director **Date**

Recommendation of the Medical Executive Committee:

I have reviewed the requested clinical privileges and supporting documentation for the above named applicant and recommend the following action on the privileges:

____ Approval of all requested privileges

____ Approval of the following privileges with conditions: _____

____ Denied of the following privileges: _____

_____ _____

Chief of the Medical Staff **Date**

Decision of the Governing Board:

The governing Board has reviewed the above recommendations regarding the requested clinical privileges and supporting documents for the above named applicant and:

____ Grant all requested privileges

____ Grant the following privileges: ----------

____ Deny the following privileges: _____

_____ _____

Chairman of the Board **Date**

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