



Providence Hospital
of North Houston

Providence Hospital of North Houston

16750 Red Oak Drive
Houston, Texas 77090

Print Name

Date

Privilege Request Form – Internal Medicine/Rheumatology

SECTION I – GENERAL REQUIREMENTS

INTERNAL MEDICINE/RHEUMATOLOGY

Requested Staff Category

_____ Active _____ Courtesy _____ Consulting _____ Affiliate

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 of 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 applicants known ability to perform a specific procedure for 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.



Providence Hospital of North Houston

Providence Hospital of North Houston

16750 Red Oak Drive
Houston, Texas 77090

Print Name

Date

- 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			



Providence Hospital of North Houston

Providence Hospital of North Houston

16750 Red Oak Drive
Houston, Texas 77090

Print Name

Date

Levels of Privileges

- #1 A Physician 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 A Physician with these privileges is 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 A Physician with these privileges is 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,
 - Specialized treatment of procedures is contemplated with which they are not familiar.
- #4 A Physician 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 with 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
Rheumatology	1 2 3 4		



Providence Hospital
of North Houston

Providence Hospital of North Houston

16750 Red Oak Drive
Houston, Texas 77090

Print Name

Date

I have been approved for these procedures at the following hospitals/ambulatory surgery centers:

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 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



Providence Hospital
of North Houston

Providence Hospital of North Houston

16750 Red Oak Drive
Houston, Texas 77090

Print Name

Date

SECTION IV – RECOMMENDATIONS AND APPROVALS

Recommendation of the 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:

_____ Denial 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:

_____ Denial of the following privileges:



Providence Hospital
of North Houston

Providence Hospital of North Houston

16750 Red Oak Drive
Houston, Texas 77090

Print Name

Date

Chief of Staff

Date



Providence Hospital
of North Houston

Providence Hospital of North Houston

16750 Red Oak Drive
Houston, Texas 77090

Print Name

Date

Decision of the Governing Board:

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

_____ Granted all requested privileges

_____ Granted the following privileges with conditions:

_____ Denied the following privileges:

Chairman of the Board

Date