

**REHOBOTH MCKINLEY CHRISTIAN HOSPITAL  
CLINICAL PRIVILEGES APPLICATION**

**OBSTETRICS AND GYNECOLOGY**

APPLICANT NAME: \_\_\_\_\_

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**CORE PRIVILEGES:**

Obstetric privileges include the diagnosis and management of all conditions, including complications, occurring during pregnancy from the time of conception through the postpartum period, including spontaneous and operative obstetric deliveries. Also included are genetic counseling; antenatal screening and testing for genetic disorders; and diagnostic evaluations including electronic fetal monitoring, ultrasound, colposcopy, amniocentesis and urodynamic testing.

Gynecological privileges include the initial and periodic evaluation of gynecologic disease; screening for gynecologic cancers (including breast cancer); screening mammography; family planning and contraception; evaluation and treatment of endocrine dysfunction and infertility; evaluation and treatment of incontinence; and the diagnosis and treatment of complications of the aforementioned diseases and conditions.

Technical skills include to competently perform major abdominal and vaginal surgical procedures upon the female pelvis and related structures; surgical exploration of the abdomen; pelvic endoscopic procedures; and the diagnosis and treatment. The surgical privileges are limited to M.D. or D.O. only and not available to any other practitioner.

**These core privileges do not include any of the privileges listed under Special Privileges.**

**NOTE: In the case of an emergency, to the degree permitted by license and regardless of department, staff status or clinical privileges, shall be permitted and shall be assisted by hospital personnel to do everything possible to save a patient from serious harm.**

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**QUALIFICATIONS FOR CORE PRIVILEGES:** (Check only the first one which applies to you)

**CLASS IV:**

**Certification in an Accreditation Council for Graduate Medical Education (ACGME)- or American Osteopathic Association-approved subspecialty fellowship in Obstetrics and Gynecology.**

**Subspecialty:** \_\_\_\_\_.

Members with these privileges are expected to be physicians with experience, training and competence of service as consultants and treating the most extreme illnesses within the subspecialty area.

**CLASS III:**

**Board certification in Obstetrics and Gynecology; or**

**Active board certification application in Obstetrics and Gynecology pending, having completed an ACGME- or AOA-approved post graduate training program in Obstetrics and Gynecology; or**

**Completion of an ACGME- or AOA-approved post graduate training program and full time**

**obstetrical and gynecologic experience for a minimum of the last six (6) years consecutively.**

Members with these privileges are expected to be physicians with experience, training and competence in their specialty. Such physicians would be expected to request consultation: (1) when hazardous treatment procedures are contemplated; (2) when unexpected complications arise; (3) or

in cases in which treatment response seems unduly delayed.

OBSTETRICS AND GYNECOLOGY PRIVILEGES APPLICATION.

NAME: \_\_\_\_\_

**CLASS II:**

**Completion of an ACNM accredited program in Nurse Midwifery with certification by the ACNM Certification Council.**

Members with these privileges are required to request consultation in all cases in which doubt exists as to the diagnosis, or in cases in which treatment is not too soon apparent. Illness or problems

requiring skills usually acquired during post internship specialty training.

Other training, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: Nurse practitioners must identify a supervising or directing physician as required by the Medical Staff Bylaws, Article V, Section 5.3.

NAME OF PHYSICIAN(S): DRS. LAWRENCE CULLUM AND PHILIP KAMPS.

SIGNATURE OF PHYSICIAN: \_\_\_\_\_.

SIGNATURE DATE: \_\_\_\_\_

**SPECIAL PRIVILEGES:** For each special request, you must state the training and number of procedures during training; or number of procedures performed in the last 12 months. If any one or all special privileges are not needed, YOU MUST CHECK "NO" UNDER "PRIVILEGES REQUESTED".

PRIVILEGES REQUESTED		PRIVILEGES	
RECOMMENDED		YES	NO
YES	NO		
___	___	___	___
Intravenous conscious sedation.			

Training/Experience: \_\_\_\_\_

**NOTE: A PRACTITIONER GRANTED IV SEDATION PRIVILEGES MUST ABIDE BY PATIENT CARE**

**SERVICES POLICY # 14.63.**

___	___	___	___
Regional analgesia (epidural, spinal).			

Training/Education: \_\_\_\_\_

\_\_\_ \_\_\_ Surgical treatment of conditions or diseases of mammary glands. \_\_\_\_\_

Training/Education: \_\_\_\_\_

\_\_\_ \_\_\_ Use of the hysteroscope. \_\_\_\_\_

Training/Experience: \_\_\_\_\_

**OBSTETRICS AND GYNECOLOGY PRIVILEGES APPLICATION.**

NAME: \_\_\_\_\_

PRIVILEGES  
REQUESTED  
RECOMMENDED  
YES NO

PRIVILEGES

YES NO

\_\_\_ \_\_\_ Use of the laparoscope.

\_\_\_ \_\_\_

Training/Experience: \_\_\_\_\_

\_\_\_ \_\_\_ Use of the laser.

\_\_\_ \_\_\_

Training/Experience: \_\_\_\_\_

ADDITIONAL PRIVILEGES (Specify, stated with training/experience):

\_\_\_\_\_

\_\_\_ \_\_\_

\_\_\_\_\_

\_\_\_ \_\_\_

\_\_\_\_\_

\_\_\_ \_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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DEPARTMENT REVIEW:

Comments/Recommendations/Suggestions:

\_\_\_\_\_

\_\_\_\_\_

Proctoring Arrangement: I have discussed the need for proctoring of this applicant. The following practitioner(s) who is/are member(s) of the Active Staff of the Medical Staff has/have been assigned:

\_\_\_\_\_

Signed: \_\_\_\_\_  
Department Chairperson

\_\_\_\_\_  
Date of Review

OBSTETRICS AND GYNECOLOGY DEPARTMENT.  
Medical Staff Department

MSS: REVISED 11/99