

REHOBOTH MCKINLEY CHRISTIAN HOSPITAL
CLINICAL PRIVILEGES APPLICATION

PATHOLOGY

APPLICANT NAME: _____

CORE PRIVILEGES:

Privileges include general anatomical, clinical, cyto-, and radioisotope pathology and the clinical management of the Laboratory.

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.

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 (AOA)-approved subspecialty fellowship in Pathology.
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 including those within the subspecialty area.

CLASS III:

___ Board certification in Pathology; or
___ Active board certification application in Pathology pending, having completed an ACGME- or AOA-approved post graduate training program in Pathology; or
___ Completion of an ACGME- or AOA-approved post graduate training program and full time pathology experience for a minimum of the last three (3) 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.

Other training, please explain:

THIS SPACE LEFT BLANK

PATHOLOGY PRIVILEGES APPLICATION

NAME: _____

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

PRIVILEGES

REQUESTED

RECOMMENDED

YES NO

YES NO

___ ___ Bone marrow aspiration.

___ ___

Training/Experience: _____

___ ___ Bone marrow biopsy.

___ ___

Training/Experience: _____

___ ___ Fine needle aspiration.

___ ___

Training/Experience: _____

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

___ ___

___ ___

___ ___

APPLICANT SIGNATURE: _____

DATE: _____

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

DIAGNOSTIC SERVICES DEPARTMENT.
Medical Staff Department

MSS: 09/99.