

**REHOBOTH MCKINLEY CHRISTIAN HOSPITAL (RMCH)
REHOBOTH MCKINLEY CHRISTIAN HEALTH CARE SERVICES (RMCHCS)
CLINICAL PRIVILEGES APPLICATION**

PODIATRY

APPLICANT NAME: _____

CORE INPATIENT PRIVILEGES - PODIATRIC MEDICINE - RMCH:

Podiatric medicine privileges include the diagnosis and treatment of conditions affecting the human foot and ankle and their governing and related structures.

CORE OUTPATIENT PRIVILEGES - PODIATRIC MEDICINE - RMCHCS:

Podiatric medicine privileges include the diagnosis and treatment of conditions affecting the human foot and ankle and their governing and related structures.

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.

QUALIFICATIONS FOR CORE PODIATRIC MEDICINE PRIVILEGES: (Check only the first one that applies to you)

- ___ **Board certification or board qualification By the American Board of Podiatric Orthopedics and Primary Podiatric Medicine (ABPOPM) in primary podiatric medicine; or**
- ___ **Graduate of an accredited college of podiatric medicine and completion of a 12-month postgraduate training program in primary podiatric medicine approved by the Council on Podiatric Medical Education (CPME) and full time podiatric medicine experience for a minimum of the last 36 months consecutively.**

Other training, please explain:

EXPLANATION FOR REQUESTING PRIVILEGES:

RMCHCS is an integrated health care delivery system which operates both a hospital that provides inpatient care and some outpatient services, RMCH, and clinics or other outpatient facilities such as dialysis centers, home health services, hospice services, day care services, etc. Employed practitioners of RMCHCS may need to apply for privileges in either inpatient or outpatient setting, or both. Non-RMCHCS employed physicians may need to apply for privileges at the hospital only. Therefore, RMCHCS uses a single application that will allow practitioners to request privileges for hospital (RMCH on the application) and/or outpatient care (RMCHCS on the application) as appropriate. On the following page(s) appear the privileges appropriate for your specialty and location(s) of practice. If a privilege is desired that is not listed, please list it in the space designated. For all special privileges, an applicant is required to identify education and/or experience before privilege(s) will be evaluated.

PODIATRY PRIVILEGES APPLICATION

NAME: _____

CORE INPATIENT PRIVILEGES – PODIATRIC SURGERY - RMCH:

Podiatric surgical privileges include the diagnosis, medical and surgical management and adjunctive treatment of all diseases, deformities, injuries, and defects of the foot, ankle, and related structures of the leg. The American College of Foot and Ankle Orthopedics has defined four classes of surgical delineation. The classes are as follows:

- Class I – digital and forefoot
- Class II – Forefoot, midfoot, and simple rearfoot
- Class III – Rearfoot, ankle, and leg
- Class IV – specialized surgery.

CORE OUTPATIENT PRIVILEGES – PODIATRIC SURGERY - RMCHCS:

Podiatric surgical privileges include the diagnosis, medical and limited surgical management and adjunctive treatment of all diseases, deformities, injuries, and defects of the foot, ankle, and related structures of the leg. Four classes of surgical delineation have been defined by the American College of Foot and Ankle Orthopedics. The classes are as follows:

- Class I – digital and forefoot
- Class II – Forefoot, midfoot, and simple rearfoot
- Class III – Rearfoot, ankle, and leg
- Class IV – specialized surgery.

QUALIFICATIONS FOR CORE PODIATRIC SURGERY PRIVILEGES: (Check only the first one that applies to you)

CLASS IV:

- ___ Board certification or board qualification by the American Board of Podiatric Surgery (ABPS) in reconstructive foot and ankle surgery and additional fellowship training; or
- ___ Graduate of an accredited college of podiatric medicine and completion a 24-month minimum CPME-approved surgical residency training in foot or foot and ankle surgery and additional fellowship training thereafter, and full time podiatric surgery experience for a minimum of the last 36 months consecutively.

CLASS III:

- ___ Board certification or board qualification by the American Board of Podiatric Surgery (ABPS) in reconstructive foot and ankle surgery; or
- ___ Graduate of an accredited college of podiatric medicine and completion a 24-month minimum CPME-approved surgical residency training in foot or foot and ankle surgery and full time podiatric surgery experience for a minimum of the last 36 months consecutively.

CLASS I AND CLASS II:

- ___ Board certification or board qualification by the American Board of Podiatric Surgery (ABPS) in foot surgery; or
- ___ Graduate of an accredited college of podiatric medicine and completion a 12-month minimum CPME-approved surgical residency training in foot or foot and ankle surgery and full time podiatric surgery experience for a minimum of the last 36 months consecutively.

Other training, please explain:

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PODIATRY PRIVILEGES APPLICATION

NAME: _____

STANDARD PRIVILEGES:

REQUESTED
RMCH /RMCHCS
Yes No/Yes No

___ ___/___ ___ Core podiatric medicine privileges (see page 1)

RECOMMENDED
RMCH /RMCHCS
Yes No/Yes No

___ ___/___ ___

ADDITIONAL PRIVILEGES (Specify inpatient and/or outpatient, stated with training/experience):

___ ___/___ ___
___ ___/___ ___
___ ___/___ ___

RMCH /RMCHCS
Yes No/Yes No

___ ___/___ ___ Core podiatric surgery privileges (see page 2)

RMCH /RMCHCS
Yes No/Yes No

___ ___/___ ___

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”.

REQUESTED
RMCH /RMCHCS
Yes No/Yes No

___ ___/NA NA Intravenous conscious sedation

Training/Experience: _____

NOTE: A PRACTITIONER GRANTED IV SEDATION PRIVILEGES MUST ABIDE BY PATIENT CARE SERVICES POLICY # 02-35.

___ ___/NA NA Ankle arthroscopy

Training/Education: _____

RECOMMENDED
RMCH /RMCHCS
Yes No/Yes No

___ ___/NA NA

___ ___/NA NA

ADDITIONAL PRIVILEGES (Specify inpatient and/or outpatient, stated with training/experience):

___ ___/___ ___
___ ___/___ ___
___ ___/___ ___

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Rehoboth McKinley Christian Hospital and I understand that:

(a) in exercising any 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 situation my actions are governed by the applicable section of the medical staff bylaws or related documents

APPLICANT SIGNATURE: _____

DATE: _____

PODIATRY PRIVILEGES APPLICATION

NAME: _____

INPATIENT 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: _____

Medical Staff Department Chairperson

Date of Review

SURGERY DEPARTMENT

Medical Staff Department

OUTPATIENT DEPARTMENT REVIEW:

Comments/Recommendations/Suggestions:

Signed: _____

Outpatient Medical Staff Department Chairperson

Date of Review

OUTPATIENT SURGERY DEPARTMENT

Outpatient Medical Staff Department

Revised: November 2006