

**DELINEATION OF CLINICAL PRIVILEGES
 DEPARTMENT OF PATHOLOGY
 PATHOLOGY ASSISTANT
 ALLIED HEALTH PROFESSIONAL**

NAME: _____

PRIVILEGES REQUESTED

YES NO

Medical Assistant is a section of the Allied Health Professionals that are healthcare providers, while not eligible for Medical Staff membership, are qualified for Allied Health Professional category.

Please designate which privileges you are qualified to perform with your license or registration:

Accession of surgical specimens, including Biopsies, body tissues, body fluids, and items Sent for Anatomic Pathology for gross and Microscopic examination	_____	_____
Perform gross examination and dissection of Surgical specimens	_____	_____
Verbally describe the gross findings to be Transcribed	_____	_____
Assist the Pathologist with performing frozen Sections (but not interpretation)	_____	_____
Assist the Pathologist in performing an autopsy, Including the initial dissection, gross exam. and Submission of appropriate blocks of tissue	_____	_____
Specimen photograph (gross & microscopic)	_____	_____
CPT coding of gross specimens	_____	_____
Coordinator & organization of Anatomic	_____	_____

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Pathology Conferences

Other privileges requested for which you have current clinical competencies may be listed below:

I certify to the best of my knowledge. I am qualified and have professional liability insurance coverage for practice within the scope of privileges requested.

Signature

Date

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Pathology

Basic Education: M.D. or D.O.

Minimal Formal Training: Successful completion of an ACGME or AOA-approved residency training program in pathology. Must be Board Eligible or Board Certified.

Required Previous Experience: Demonstrate that applicant has provided full-time in-hospital pathology/laboratory services for at least 12 of the past 18 months. Recent residency training satisfies this requirement.

Core Privileges: General anatomical, clinical, dermato-, neuro- and radioisotope pathology bone marrow aspirations and management of the blood bank. These privileges do not include independent treatment or admission of patients.

Signature

Date

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