

## Family Practice

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

**Minimal Formal Training:**

Successful completion of an ACGME or AOA approved family practice residency program. Must be Board Eligible or Board Certified.

Concerning Board Eligibility or Board Certification, current members prior to 1994 who have not completed full training in an approved residency will be grandfathered.

**Adult Core**

**Privileges:** \_\_\_\_\_

Demonstrate involvement as attending, admitting or consulting physician for at least 75 adult inpatients during the past three- (3) years. Privileges include admission and treatment of non-surgical patients without life-threatening complications.

\_\_\_\_\_

Family Practitioners requesting ICU privileges must maintain ACLS certification and obtain consultation with a physician holding comprehensive ICU privileges on all patients admitted to the ICU.

**Pediatric Core**

**Privileges:** \_\_\_\_\_

Demonstrate involvement as attending, admitting, or consulting physician for at least 30 pediatric or newborn inpatients during the past three- (3) years. Privileges include being able to admit and treat the general pediatric patient under the age of 18 without major complications or serious life-threatening disease.

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Family Practitioners attending C/Sections must maintain either NALS or PALS certification.

**Obstetric and  
Gynecological**

**Core Privileges:** \_\_\_\_\_ Demonstrate involvement as a primary physician in at least 24 normal deliveries or C/Sections during the past 24 months.

\_\_\_\_\_ Level I: Minimum of four (4) months post-graduate training on an active obstetric service with a minimum of 30 supervised deliveries or prior membership on an active obstetric service elsewhere, and completion of the three-year ACGME or AOA approved Family Practice residency and be board certified or awaiting board certification. Privileges include being able to perform vaginal deliveries including management of minor complications as outlined specifically in the Department of Family Practice Rules and Regulations.

\_\_\_\_\_ Level II: Minimum of six (6) months post-graduate training on an active obstetric services with a minimum of 100 vaginal or abdominal deliveries, or documented clinical experience which demonstrates the professional skills necessary to manage routine obstetrical care and delivery. Privileges qualify practitioners for Level I privileges and use of operative interventional methods of delivery as outlined specifically in the Department of Family Practice Rules and Regulations.

\_\_\_\_\_ Level III: Successful completion of an ACGME/AOA Family Practice residency program, and twelve months of specialized fellowship training in Cesarean Section, tubal ligations, and D&C, or the performance of at least 100 deliveries of which at least 30 are Cesarean Sections within the prior two years. Privileges qualify practitioners for Level I and II privileges and include Cesarean Section, tubal ligation, and D&C for incomplete abortions.

**Surgical Core**

**Privileges:** \_\_\_\_\_ Demonstrate participation as a surgical assistant or primary surgeon in at least 20 surgeries during the past 48 months. Privileges including being able to assist in surgery, suture uncomplicated lacerations, I&D abscess, simple skin biopsy or excision, removal of non-penetrating corneal foreign body, uncomplicated minor closed fractures, uncomplicated dislocations, pre-operative and post-operative care of surgical patients.

Other privileges requested for which you have current clinical competency may be listed below. Documentation of training and/or experience must be provided for any special privileges requested. I understand that by making this request, I am bound by the applicable laws and policies of the Medical Center and hereby stipulate that I meet the minimum threshold criteria for this request.

_____	_____
_____	_____
_____	_____

I understand that it is my obligation to notify the President of the Medical Staff of any procedure or mode of medical care in which I might engage that is not listed. 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

**FAMILY PRACTICE PROCEDURES  
CHECK THE PROCEDURES REQUESTED  
FOR REAPPOINTMENT**

<b>Privileges requested</b>	<b>Minimum formal training</b>	<b>Reappointment criteria</b>
Family practitioners assisting at surgery <input data-bbox="244 554 307 596" type="checkbox"/>	Successful completion of at least two months of surgical technique training during an accredited or specialized training program.	Demonstrates clinical competency through Performance Improvement/ Clinical Outcome activities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date