

**DELINEATION OF PRIVILEGES**

**CORE COMPETENCY: Pulmonology**

**Applicant Name :** \_\_\_\_\_

**Education:**  M.D.  D.O.  Other (list): \_\_\_\_\_

**Training:** Post graduate training in one of the following (check at least one):  
 Pulmonology  Other (list): \_\_\_\_\_

**Experience:** Years of experience in post training:  
 0-5 yrs  6-10 yrs  11 yrs and greater

**Care:** Admit, evaluate, treat, and diagnose adolescents and adults for most illnesses and injuries.

<b>Core Privileges</b>	Admit Patients	Lumbar Puncture
	H&P	I&D Abscess
	Assessments/ Evaluations	Bronchoscopy with Endobronchial Biopsy
	Disease Management	Ventilator Management
	Medication Management	Bronchoscopy with Transbronchial Biopsy
	Simple Laceration	Thoracentesis
	Intubation	Paracentesis
	Central Line	Arterial Line
	Moderate Sedation	Bronchoscopy

- Staff Privileges Requested:**
- Appointment to Medical Staff - Plan to be involved in patient care and / or medical staff functions.
  - Re-appointment to Medical Staff – Continue involvement in patient care and / or medical staff functions.

**Special Privileges Requested**

Complete by Applicant	Complete by MEC			
	Requested	Granted	Granted with Conditions*	Not Granted ^
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature Applicant \_\_\_\_\_ Initials (as used in medical record) \_\_\_\_\_ Date \_\_\_\_\_

**Focused Practitioner Practice Evaluation (FPPE)**  
 FPPE (initial privileges)  FPPE (added privileges)  No FPPE (re-appointments only)

\*Granted with Conditions: Reason(s)/ Period:

^Not Granted: Reason(s):

**Recommend:**  Appointment to Medical Staff with all privileges granted above  
 Re-Appointment to Medical Staff with all privileges granted above  
 Denial of Appointment / Re-Appointment: Reason: \_\_\_\_\_

MEC Voting Member \_\_\_\_\_ Date \_\_\_\_\_

**Governing Body**  Granted as recommended by MEC  
 Denied as recommended by MEC  
 Recommend further review by MEC regarding \_\_\_\_\_

Governing Body Member \_\_\_\_\_ Date \_\_\_\_\_