

Heart Hospital of New Mexico  
Medicine Department  
**ALLERGY & IMMUNOLOGY**

Delineation of Core Privileges

**ELIGIBILITY CRITERIA:** To be able to request new clinical privileges, the applicant must meet the criteria below:

1. **MD, DO**
2. **Completed additional education/training as follows:**
  - Certified by the American Board of Internal Medicine;
  - OR**
  - Certified by the American Board of Pediatrics;
  - AND**
  - Certified by the American Board of Allergy and Immunology;
  - OR**

**NEW APPLICANTS MUST** complete Board Certification within 5 years of application/approved Medical Staff membership.
3. **Have the following past experience:**

It is understood that physicians applying for ALLERGY AND IMMUNOLOGY CORE I privileges are qualified to provide non-surgical therapy to patients presenting with allergic or immunology conditions.
4. **Be able to secure clinical references as outlined in the Policy On Appointment, Reappointment and Clinical Privileges of the Medical Staff of the Heart Hospital of New Mexico.**

Heart Hospital of New Mexico  
**Allergy and Immunology**  
Core I Privileges

Performance of Allergy and Immunology procedures (including related admission, consultation, work-up, pre-and post-operative care) to correct or treat various conditions, illnesses and injuries related to Allergy and Immunology.

A representative, but of necessity not complete list of ALLERGY AND IMMUNOLOGY CORE I procedures is stated below. It is assumed that other procedures and problems of similar complexity will fall within the identified ALLERGY AND IMMUNOLOGY privileges.

-Admit and care for allergic and immunological problems and diseases.

The following are examples of diseases that are commonly encountered:

- Asthma
  - Complicated
  - Uncomplicated
- Differential Diagnosis
- Allergic Rhinitis (Immunotherapy)
- Serum Sickness Syndrome
- Urticaria and Angioedema
- Eczema
- Hypersensitivity Pneumonitis
- Allergic Bronchopulmonary
- Aspergillosis
- Food Allergy
- Gastrointestinal Allergy
- Drug Allergy, including desensitization procedures
- Anaphylaxis
- Stinging Insect Allergy
- Ocular Allergy
- Immunodeficiency (Hypogammaglobulinemia)
  - Primary & Secondary
  - Evaluation and Management
- Common Variable Immunodeficiency
- Atopic Dermatitis
- Sinusitis (Acute, Chronic)
- Vocal Cord Dysfunction
- Nasal Polyposis
- Contact Dermatitis

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Non-Core Privileges

Fiberoptic Laryngoscopy  
(Nasal-Laryngoscopy)

**ELIGIBILITY CRITERIA:**

1. Basic Education: MD or DO
2. Provide documentation of training from the Director, from which Fiberoptic Laryngoscopy (Nasal-Laryngoscopy) training was offered
3. Provide documentation of unrestricted privileges from another Albuquerque hospital, from which Fiberoptic Laryngoscopy (Nasal-Laryngoscopy) privileges were granted.

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Core Privilege Request Form

Having reviewed the requirements for each set of privileges, I would request the following privileges:

*Place a check mark in the appropriate box for each set of privileges.*

Privilege	Procedures	Requested	Not Requested
<b>CORE I PRIVILEGES</b>			
	-Admit and care for allergic and immunological problems and diseases.		
<b>NON-CORE PRIVILEGES</b>			
	-Fiberoptic Laryngoscopy (Nasal-Laryngoscopy)		
<b>MODERATE SEDATION (complete attached form)</b>			
<b>RESTRAINT PRIVILEGES</b>			

**I attest by signature that I have met the minimum criteria of procedures/diagnoses management within my clinical practice for the procedures requested above, and I agree to provide documentation of said procedures/diagnoses management if requested.**

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

**The Department Chairperson accepts this applicant's attestation that he/she meets the minimum criteria for privileges requested.**

\_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
 Department Chair Signature

\_\_\_\_\_  
 Date