

Heart Hospital of New Mexico  
Medicine Department  
**Endocrinology**

Delineation of Core Privilege

**1. Eligibility Criteria:**

To be able to request these clinical privileges, the applicant must meet the criteria below:

- A. Basic Education: M.D. or D.O.
- B. Successful completion of an approved Internal Medicine Residency program, and
- C. Successful completion of a fellowship in Endocrinology and Metabolism
- D. Provision of inpatient services to at least 40 patients during the past two years.
- E. Certification by the American Board of Internal Medicine; Certified Diplomat in the Subspecialty of Endocrinology and Metabolism by the American Board of Internal Medicine

**NEW APPLICANTS MUST BE** Board Eligible and complete Board Certification within 5 years of application/approved Medical Staff membership.

**Core I Privileges in Endocrinology**

Core I privileges would include admission, work up, diagnosis and provision of non-surgical care including consultation to patients of all ages presenting with illnesses, injuries and disorders of the endocrine or metabolic systems.

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Core Privilege Request Form

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

*Place a check mark in the appropriate box for each set of privileges. Cross out any procedures not currently performed in your clinical practice.*

Privilege	Procedures	Requested	Not Requested
<b>CORE I PRIVILEGES</b>			
	Include admission, work up, diagnosis and provision of non-surgical care including consultation to patients of all ages presenting with illnesses, injuries and disorders of the endocrine or metabolic systems		
<b>MODERATE SEDATION</b> ( <i>Complete separate form</i> )			
<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