

Nor-Lea Home Health & Hospice

922 West Avenue D
Lovington, NM 88260
(505) 396-5626
FAX: (505) 396-2486

2827 N. Dal Paso #117
Hobbs, NM 88240
(505) 392-6314
FAX: (505) 392-8182



**Nor-Lea
Hospital District**

Nor-Lea General Hospital • 1600 North Main • Lovington, NM
88260 (505) 396-6611 • FAX: (505) 396-0318

Nor-Lea Home Medical

922 West Avenue D
Lovington, NM 88260
(505) 396-1331
FAX: (505) 396-0229

2827 N. Dal Paso #111
Hobbs, NM 88240
(505) 392-1449
FAX: (505) 492-9883

Nor-Lea Medical Clinics

LOVINGTON CLINIC
1600-A North Main
Lovington, NM 88260
(505) 396-3529
FAX: (505) 396-5640

FAMILY HEALTH CENTER
OF LEA COUNTY
515 East Main
Hobbs, NM 88240
(505) 397-0560
FAX: (505) 397-0836

TATUM CLINIC
204 North Main
Tatum, NM 88267
(505) 398-2111
FAX: (505) 398-6112

LOVINGTON STUDENT
HEALTHCARE CENTER
605 West Taylor
Lovington, NM 88260
(505) 739-0062
FAX: (505) 739-0064

**HERITAGE PROGRAM
FOR SENIOR ADULTS**

1531 North Main
Lovington, NM 88260
(505) 396-8899
FAX: (505) 396-8779

PHYSICIAN ACKNOWLEDGEMENT STATEMENT

Notice to Physicians:

Medicare payment to hospitals is based in part on each patient's principal and secondary diagnosis, and the major procedure performed on the patient, as attested to by the patient's attending physician by virtue of his or her signature in the medical record. Anyone who misrepresents, falsifies or conceals essential information required for payment of federal funds may be subject to fine, imprisonment or civil penalty under applicable federal laws.

Medicaid payment to hospitals is based in part on each patient's principal and secondary diagnosis, and the major procedure performed on the patient, as attested to by the patient's attending physician by virtue of his or her signature in the medical record. Anyone who misrepresents, falsifies or conceals essential information required for payment of federal funds may be subject to fine, imprisonment or civil penalty under applicable federal laws.

Blue Cross/Blue Shield payment to hospitals is based in part on each patient's principal and secondary diagnosis, and the major procedure performed on the patient, as attested to by the patient's attending physician by virtue of his or her signature in the medical record. Anyone who misrepresents, falsifies or conceals essential information required for payment of federal funds may be subject to fine, imprisonment or civil penalty under applicable federal laws.

All other Third Party Payor payment to hospitals is based in part on each patient's principal and secondary diagnosis, and the major procedure performed on the patient, as attested to by the patient's attending physician by virtue of his or her signature in the medical record. Anyone who misrepresents, falsifies or conceals essential information required for payment of federal funds may be subject to fine, imprisonment or civil penalty under applicable federal laws.

Physician Signature

Date

Printed Name

Rev. 8/07

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NOR-LEA HOSPITAL DISTRICT

HEALTH STATEMENT

I do hereby certify the I have examined _____ and
(please print)
consider him/her to be in satisfactory physical health and able to carry out the
duties necessary in the performance of his/her profession.

Any limitations or restrictions placed on this health care professional are as follows:

Comments: _____

Attending Physician (Please print name)

Date

Signature

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LOVINGTON CLINIC

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NOR-LEA GENERAL HOSPITAL

1600 North Main • Lovington, NM 88260
OFF: (505) 396-6611 • FAX: (505) 396-3729

NOR-LEA HOME MEDICAL

922 West Avenue D 2827 N. Dal Paso #115
Lovington, N.M. 88260 Hobbs, N.M. 88240
OFF: (505) 396-1331 OFF: (505) 392-1449
FAX: (505) 396-0229 FAX: (505) 392-8182

TATUM CLINIC

P.O. Box 368
Tatum, N.M. 88267
OFF: (505) 398-2111
FAX: (505) 398-6112

**AUTHORIZATION TO OBTAIN AND RELEASE
INFORMATION**

I have applied for appointment to the Medical Staff of Nor-Lea General Hospital. In that connection, I consent to complete disclosure of all relevant information pertaining to my professional qualification, moral character, physical and mental health, and I authorize you to make available to Nor-Lea General Hospital all such information in your files from any college, university, professional school, licensing authority, accreditation board, hospital, physician, dentist, malpractice insurance company, or other person or entity. I expressly waive any claim of privilege or privacy with respect to any information you release bearing on my admission to, retention, restriction or termination of staff privileges at Nor-Lea General Hospital, and release and discharge Nor-Lea General Hospital, its Medical Staff, Credentials Committee, Administration and their agents, servants and all persons or entities supplying information to them from liability of any kind or character in any way arising out of inquiries concerning me or disclosures made in good faith in connection with my application for staff privileges at Nor-Lea General Hospital.

Physician Signature

Name (Print or Type)

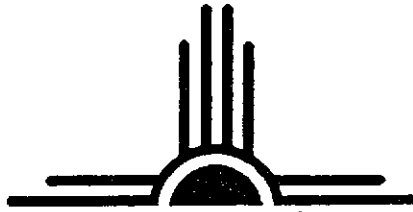
Date

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TO: _____ (Company)

As a condition of medical staff membership and the granting of privileges at Nor-Lea General Hospital (NLGH) the undersigned has agreed to provide this consent and request for the Company to release to NLGH as soon as feasible, notice of any change in the status of the undersigned's insurance coverage with the Company.

Therefore, by the execution of this request and release, I hereby consent and direct the Company to provide NLGH, its agents and representatives, notice, as soon as feasible, of any cancellation, restriction or change in the nature and extent of professional liability insurance coverage provided to me. I further agree that no claim of breach of contract, privacy or privilege, or any other claim for loss or damage, shall be made by me against the Company arising out of its compliance with the directive and request of this release. I expressly release and hold harmless _____ (Company) from any loss, claim or damage arising from it providing of information to NLGH about the status of my liability insurance coverage.

It is understood and agreed that the information which I have authorized to be released to NLGH may be released without prior notification or approval and it is my specific request that this will be done as directed.

Signed: _____

Printed/Typed Name: _____

Date: _____



**STATEMENT AND RELEASE OF APPLICANT
FOR DELINEATION OF CLINICAL PRIVILEGES**

In making application for clinical privileges as a member of the medical and dental staff of Nor-Lea Hospital District, I hereby state that I have received and read the bylaws and rules and regulations of the medical staff and other related policies and procedures of the hospital, and agree to abide by the terms thereof as they currently exist or as amended from time to time.

I fully understand that any significant omissions or erroneous information in this application may constitute cause for denial of clinical privileges or cause for summary suspension from the medical staff. I attest that this application is complete and that all information submitted herein is true to the best of my knowledge and belief.

I understand and agree that as an applicant for clinical privileges, I have the burden of producing adequate information for a proper evaluation of my professional competence, character, ethics and other qualifications and for resolving any doubts about such qualifications.

I have not requested privileges for any procedure for which I am not qualified. Furthermore, I realize that certification by a board does not necessarily qualify me to perform certain procedures. However, I believe that I am qualified to perform all procedures for which I have requested privileges.

Signature of Applicant: _____ Date: _____

Printed Name: _____



PHYSICIAN PRIVILEGE REQUEST

Name: _____

Date: _____

√	Privilege Description	Required Training/Experience
ALLERGY and IMMUNOLOGY		
	Allergy and Immunology Core– Admission, work-up, consultation and provision of nonsurgical therapy to patients presenting with allergic and immunology conditions. (Privileges do not include any of the internal medicine special privileges, which must be requested separately.)	Basic criteria for internal medicine, plus completion of at least two (2) years of ACGME approved residency/ fellowship training in allergy and immunology. Must be able to demonstrate provision of allergy/ immunology services to at least 12 patients in the past 12 months.
ADDITIONAL PRIVILEGES REQUESTED		DOCUMENTATION OF COMPETENCE
CARDIOLOGY		
	Cardiology Core– Admission, work-up, diagnosis, consultation and treatment of cardiovascular diseases.	Basic criteria: Medical Doctor and Board Certified in Cardiology and completed a residency training in Cardiology. and Two letters documenting current competence in the last two years, or recent CME training/ education.
	Cardiology – Noninvasive: Peripheral Arterial and Venous Noninvasive Interpretation and Therapeutic Intervention	Basic criteria for surgery. Two letters documenting current competence in the last two years
	Cardiology – Transesophageal Echocardiogram	Basic criteria for surgery. Two letters documenting current competence in the last two years
	Cardiology – Electrocardioversion	Basic criteria for surgery. Two letters documenting current competence in the last two years
ADDITIONAL PRIVILEGES REQUESTED		DOCUMENTATION OF COMPETENCE

√	Privilege Description	Required Training/Experience
CLINIC		
	<p>Clinic Core- Assessment, diagnosis, workup, follow-up and treatment of various illnesses within the scope and level of training of the provider. Includes: Outpatient ordering of diagnostic testing for the purpose of diagnosis and continued treatment. Minor laceration repair, biopsy, I&D, and foreign body removal.</p>	<p>Basic criteria: Medical Doctor or Doctor of Osteopathy with 2 letters of support</p>
	<p>Ordering of outpatient IV therapy limited to antibiotics, electrolytes and hydration.</p>	<p>Basic criteria plus two letters documenting current competence in the last two years. or Documentation of current training</p>
	<p>Ordering of medications for outpatient administration.</p>	<p>Basic criteria plus two letters documenting current competence in the last two years. or Documentation of current training</p>
	<p>Lumbar puncture</p>	<p>Basic criteria plus two letters documenting current competence in the last two years. or Documentation of current training</p>
	<p>Removal of skin lesions, and use of cryotherapy</p>	<p>Basic criteria plus two letters documenting current competence in the last two years. or Documentation of current training</p>
	<p>Toenail removal</p>	<p>Basic criteria plus two letters documenting current competence in the last two years. or Documentation of current training</p>
	<p>Ear irrigation, use of suction, and removal of foreign body</p>	<p>Basic criteria plus two letters documenting current competence in the last two years. or Documentation of current training</p>
	<p>Skeletal Manipulation</p>	<p>Basic criteria plus two letters documenting current competence in the last two years. or Documentation of current training</p>
	<p>Joint Injection and aspiration</p>	<p>Basic criteria plus two letters documenting current competence in the last two years. or Documentation of current training</p>
	<p>Simple removal of foreign body of the eye</p>	<p>Basic criteria plus two letters documenting current competence in the last two years. or Documentation of current training</p>
	<p>Pregnancy care, initial diagnosis and care during the first trimester.</p>	<p>Basic criteria plus two letters documenting current competence in the last two years. or Documentation of current training</p>
	<p>Closed reduction of fracture, casting of extremity fracture.</p>	<p>Basic criteria plus two letters documenting current competence in the last two years. or Documentation of current training</p>

√	Privilege Description	Required Training/Experience
ADDITIONAL PRIVILEGES REQUESTED		DOCUMENTATION OF COMPETENCE

CONSULTING STAFF

X	Clinic privileges for the assessment, workup, diagnosis, follow-up and treatment of specialty.	Basic Criteria: Medical Doctor or Doctor of Osteopathy and Two letters documenting current competence in the last two years, or recent CME training/ education.
X	Outpatient ordering of diagnostic testing for the purpose of diagnosis and continued treatment.	Basic criteria plus two letters documenting current competence in the last two years.
X	Ordering of outpatient IV therapy limited to antibiotics, electrolytes and hydration.	Basic criteria plus two letters documenting current competence in the last two years.
X	Ordering of medications for outpatient administration.	Basic criteria plus two letters documenting current competence in the last two years.
X	Inpatient consulting. Including the evaluation, recommendation for treatment, and documentation of inpatients.	Basic criteria plus two letters documenting current competence in the last two years.
ADDITIONAL PRIVILEGES REQUESTED		DOCUMENTATION OF COMPETENCE

ENDOCRINOLOGY

	Endocrinology Core – Admission, work-up, diagnosis, consultation and treatment of patients presenting with illnesses, injuries and disorders of the endocrine and metabolic systems. Privileges do not include any of the internal medicine special privileges, which must be requested separately.	Basic criteria for internal medicine, plus completion of ACGME approved fellowship training in endocrinology. Must be able to demonstrate provision of inpatient consultative services to at least 24 patients in the past 12 months.
ADDITIONAL PRIVILEGES REQUESTED		DOCUMENTATION OF COMPETENCE

ENT

	Tonsillectomy and Adenoidectomy	Basic Criteria for Surgery and 2 years current experience with two reference letters from peers documenting competence.
ADDITIONAL PRIVILEGES REQUESTED		DOCUMENTATION OF COMPETENCE

√	Privilege Description	Required Training/Experience
EMERGENCY MEDICINE		
	<p>Emergency Medicine Core- Assess, work-up and provide initial treatment to patients from infant to adult who present in ER with illness, injury/ conditions/symptoms. ER physician expected to provide services necessary to ameliorate minor illnesses/injuries, provide stabilizing treatment to patients presenting with major illnesses/injuries and access all patients to determine if more definitive services are necessary.</p> <p>Emergency Core Privileges include minor extremity laceration repair, biopsy, I&D, foreign body removal, and lumbar puncture.</p> <p>Emergency Core Privileges include assessment and treatment of the pregnant patient and emergency delivery of infants with the stabilization and transfer to appropriate hospital post delivery.</p> <p>Emergency Core Privileges include resuscitation management including intubation and mechanical ventilator management and the stabilization of intubated patients for transfer.</p> <p>Privileges do not include provision of definitive long-term care for patients on in-patient basis. No privileges to admit/perform scheduled elective procedures (with exception of procedures performed in the ER)</p>	<p>Basic Criteria listed below:</p> <p>Medical Doctor or Doctor of Osteopathy or Physician Assistant or Nurse Practitioner with 2 letters of reference documenting competence in emergency medicine. and Board certified in Emergency Medicine and completion in residency training in emergency medicine. or 2 years current experience in emergency medicine and two reference letters documenting competence.</p>
	Fiberoptic Laryngoscopy	Basic criteria for emergency medicine. Two letters documenting current competence in the last two years, or recent CME training/ education.
	Insertion of Interosseous Line	Basic criteria for emergency medicine and additional training/experience. Two letters documenting current competence in the last two years, or recent CME training/education.
	Venous Cut down procedure	Basic criteria for emergency medicine and additional training/experience. Two letters documenting current competence in the last two years, or recent CME training/education.
	Diagnostic Peritoneal Lavage	Basic criteria for emergency medicine and additional training/experience. Two letters documenting current competence in the last two years, or recent CME training/education.
	Emergency bedside ultrasound procedure with interpretation	Basic criteria for emergency medicine and additional training/experience. Two letters documenting current competence in the last two years, or recent CME training/education.
	Thoracentesis	Basic criteria for emergency medicine. Two letters documenting current competence in the last two years, or recent CME training/ education.
	Ortho – non-operative orthopedics; include treatment of nondisplaced fractures of the upper and lower extremities.	Basic criteria for emergency medicine and additional training/experience. Two letters documenting current competence in the last two years, or recent CME training/education.

√	Privilege Description	Required Training/Experience
	Ortho – Closed reduction of displace fractures.	Basic criteria for emergency medicine and additional training/experience. Two letters documenting current competence in the last two years, or recent CME training/education.
	Joint aspiration/Injection	Basic criteria for emergency medicine. Two letters documenting current competence in the last two years, or recent CME training/ education.
	Suprapubic Bladder Catheterization	Basic criteria for emergency medicine. Two letters documenting current competence in the last two years, or recent CME training/ education.
	Conscious Sedation	Basic criteria for emergency medicine. Two letters documenting current competence in the last two years, or recent CME training/ education.
	Central Line Placement	Basic criteria for emergency medicine. Two letters documenting current competence in the last two years, or recent CME training/ education.
	Chest tube placement	Basic criteria for emergency medicine. Two letters documenting current competence in the last two years, or recent CME training/ education.
ADDITIONAL PRIVILEGES REQUESTED		DOCUMENTATION OF COMPETENCE

FAMILY PRACTICE

	<p>FP-Core: Admission, evaluation, work-up, diagnosis and treatment of nonsurgical patients of all ages; basic care with appropriate consult for oncology, hematology, pulmonology, gastro-enterology, nephrology, neurology, rheumatology.</p> <p>FP- Core Privileges include minor extremity laceration repair, biopsy, I&D, foreign body removal, and lumbar puncture.</p> <p>FP- Core Privileges include resuscitation management including intubation and mechanical ventilator management and the stabilization of intubated patients for transfer.</p>	<p>Basic Criteria listed below:</p> <p>Medical Doctor or Doctor of Osteopathy with 2 letters of support</p> <p style="text-align: center;">and</p> <p>Board certified in Emergency Medicine and completed residency training in family practice.</p> <p style="text-align: center;">or</p> <p>2 years current experience in family practice and two reference letters documenting competence.</p>
	Thoracentesis	Basic criteria for family practice and additional training/experience. Two letters documenting current competence in the last two years, or recent CME training/education.
	Paracentesis	Basic criteria for family practice and additional training/experience. Two letters documenting current competence in the last two years, or recent CME training/education.
	Bone Marrow Biopsy	Basic criteria for family practice and additional training/experience. Two letters documenting current competence in the last two years, or recent CME training/education.
	Bone Marrow Aspiration	Basic criteria for family practice and additional training/experience. Two letters documenting current competence in the last two years, or recent CME

√	Privilege Description	Required Training/Experience
		training/education.
	Central Line Placement	Basic criteria for family practice and additional training/experience. Two letters documenting current competence in the last two years, or recent CME training/education.
	Insertion of Interosseous Line	Basic criteria for family practice and additional training/experience. Two letters documenting current competence in the last two years, or recent CME training/education.
	Chest tube placement	Basic criteria for family practice and additional training/experience. Two letters documenting current competence in the last two years, or recent CME training/education.
	Flexible Sigmoidoscopy	Basic criteria for family practice and additional training/experience. Two letters documenting current competence in the last two years, or recent CME training/education.
	Joint aspiration/injection	Basic criteria for family practice and additional training/experience. Two letters documenting current competence in the last two years, or recent CME training/education.
	Breast Cyst Aspiration	Basic criteria for family practice and additional training/experience. Two letters documenting current competence in the last two years, or recent CME training/education.
	FP-GYN – care of uncomplicated gynecological patients (non-operative).	Basic criteria for family practice and additional training/experience. Two letters documenting current competence in the last two years, or recent CME training/education.
	FP-GYN – Endometrial Biopsy, Dilation and Curette, and removal of cervical polyps.	Basic criteria for family practice and additional training/experience. Two letters documenting current competence in the last two years, or recent CME training/education.
	FP-Ortho – non-operative orthopedics; include treatment of nondisplaced fractures of the upper and lower extremities.	Basic criteria for family practice and additional training/experience. Two letters documenting current competence in the last two years, or recent CME training/education.
	FP-Ortho – Closed reduction of displaced fractures.	Basic criteria for family practice and additional training/experience. Two letters documenting current competence in the last two years, or recent CME training/education.
	FP-Pediatrics – routine care of newborn over 4 lbs to 18 years of age, including treatment of hypertension, asthma, diabetes, water & electrolyte imbalance, infections of the respiratory, gastrointestinal, genitourinary tracts and infections of the skin.	Basic criteria for family practice and additional training/experience. Two letters documenting current competence in the last two years, or recent CME training/education.
	FP-Pediatrics – diabetic keto-acidosis with appropriate specialty consultation.	Basic criteria for family practice and additional training/experience. Two letters documenting current competence in the last two years, or recent CME training/education.
	FP-Surgery – pre- and post-operative medical care for surgical procedures; core surgical privileges include: excision of cutaneous and subcutaneous tumors, repair	Basic criteria for family practice and additional training/experience. Two letters documenting current competence in the last two years, or recent CME

√	Privilege Description	Required Training/Experience
	of lacerations, treatment of minor hand infections, assist in common major surgical procedures.	training/education.
	Supervision of Mid-Level Provider- Physician Assistant, Nurse Practitioner, CRNA, or Independent Behavioral Health Counselor	Be aware of and abide by the New Mexico State Board regulations regarding the scope of practice for Physician Assistants, Nurse Practitioners, CRNAs, or Independent Behavioral Health Counselors.
ADDITIONAL PRIVILEGES REQUESTED		DOCUMENTATION OF COMPETENCE

GASTROENTEROLOGY

	<p>Gastroenterology Core– work-up, consultation and diagnosis of patients presenting with illness, injuries and disorders of the stomach, intestines and related structures such as the esophagus, liver, gallbladder and pancreas.</p> <p>Privileges do not include any internal medicine special privileges which must be requested separately.</p> <p>GI- Core privileges: EGD, diagnostic and hemostasis of variceal and nonvariceal hemorrhage; Esophageal dilation/Colonoscopy, with polypectomy and diagnostic Percutaneous liver biopsy; Percutaneous endoscopic gastrostomy; Biopsy of mucosa esophagus, stomach, small bowel and colon; Gastrointestinal motility studies; Other diagnostic and therapeutic procedures using enteral intubation; abdominal paracentesis; parenteral and enteral nutrition.</p> <p>GI- Core Privileges include resuscitation management including intubation and mechanical ventilator management and the stabilization of intubated patients for transfer.</p>	<p>Basic criteria for internal medicine, plus completion of ACGMA approved fellowship training in gastroenterology, and must meet training requirements for ABIM certification in gastroenterology. Must be able to demonstrate provision of inpatient or consultative services to at least 24 patients in the past 12 months.</p>
	Gastroenterology – Pneumatic Dilation of Achalasia	Basic criteria for surgery. Two letters documenting current competence in the last two years
ADDITIONAL PRIVILEGES REQUESTED		DOCUMENTATION OF COMPETENCE

INFECTIOUS DISEASE

	<p>Infectious Disease Core– Admission, work-up, consultation, diagnosis and provision of treatment to patients presenting with infections or immunologic disease.</p> <p>These privileges do not include any of the internal medicine special privileges, which must be requested separately.</p>	<p>Basic criteria for internal medicine, plus ACGMA approved fellowship in infectious disease and demonstrate provision of inpatient or consultative services for at least 24 patients in the past 12 months.</p>
ADDITIONAL PRIVILEGES REQUESTED		DOCUMENTATION OF COMPETENCE

√	Privilege Description	Required Training/Experience
INTERNAL MEDICINE		
	<p>Internal Medicine Core– Admission, work-up, diagnosis and provision of nonsurgical treatment, including consultation of patients above the age of 18 admitted or in need of care to treat general medical problems.</p> <p>Internal Medicine- Core Privileges include minor extremity laceration repair, biopsy, I&D, foreign body removal, and lumbar puncture.</p> <p>Internal Medicine- Core Privileges include resuscitation management including intubation and mechanical ventilator management and the stabilization of intubated patients for transfer.</p>	<p>Basic criteria: Medical Doctor or Doctor of Osteopathy and Board Certified in internal medicine and completed residency training in internal medicine. and Two letters documenting current competence in the last two years, or recent CME training/ education.</p>
	Moderate Sedation (applicable to Internal Medicine and all appropriate IM subspecialties)	Five (5) moderate sedation procedures performed per year, or evidence of appropriate advanced life support certification.
	Supervision of Physician Assistant or Nurse Practitioner (applicable to Internal Medicine and all IM subspecialties)	Be aware of and abide by the New Mexico Board of Medical Examiners regulations regarding the scope of practice for Physician Assistants, and the New Mexico Board of Nurse Examiners regulations regarding the scope of practice for Nurse Practitioners.
	Internal Medicine – Flexible Proctosigmoidoscopy with or without Biopsy	Basic criteria for internal medicine. Two letters documenting current competence in the last two years.
	Internal Medicine – Lumbar Puncture	Basic criteria for internal medicine. Two letters documenting current competence in the last two years.
	Internal Medicine – Joint Aspiration/Injection	Basic criteria for internal medicine. Two letters documenting current competence in the last two years.
	Internal Medicine – Thoracentesis	Basic criteria for internal medicine. Two letters documenting current competence in the last two years.
	Internal Medicine – Abdominal Paracentesis	Basic criteria for internal medicine. Two letters documenting current competence in the last two years.
	Internal Medicine – Arterial Puncture for Blood Gases	Basic criteria for internal medicine. Two letters documenting current competence in the last two years.
	Internal Medicine – Exercise Testing	Basic criteria for internal medicine. Two letters documenting current competence in the last two years.
	Internal Medicine – Central Line Placement	Basic criteria for internal medicine. Two letters documenting current competence in the last two years.
	Internal Medicine – Chest Tube Placement	Basic criteria for internal medicine. Two letters documenting current competence in the last two years.
	Internal Medicine – Bone Marrow Biopsy and Aspiration	Basic criteria for internal medicine. Two letters documenting current competence in the last two years.
ADDITIONAL PRIVILEGES REQUESTED		DOCUMENTATION OF COMPETENCE

NEPHROLOGY

	<p>Nephrology Core– Admission, work-up, consultation, diagnosis and provision of treatment to patients presenting with illnesses or disorders of the kidneys, including dialysis. These privileges do not include any of the internal medicine special privileges, which must be requested separately.</p>	<p>Basic criteria for internal medicine, plus ACGME approved fellowship in nephrology and demonstrate provision of treatment or consultative services to at least 24 patients in the past 12 months.</p>
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√	Privilege Description	Required Training/Experience
	Nephrology – Renal Transplant Management	Basic criteria for internal medicine, plus ACMGE approved fellowship in nephrology and demonstrate management of five (5) in the past year.
ADDITIONAL PRIVILEGES REQUESTED		DOCUMENTATION OF COMPETENCE

NEUROLOGY

	Neurology Core– work-up, consultation and provision of nonsurgical therapy to patients presenting with illnesses or injuries of the neurologic system.	Basic criteria for internal medicine, plus ACGME approved fellowship in neurology or completion of a residency in neurology. Applicant must demonstrate provision of inpatient services for at least 24 patients in the past 12 months.
	Neurology – Evoked Potential Interpretations	Basic criteria for neurology, plus documented performance of at least 15 cases for initial privileges, and at least 5 cases in the past year for reapproval.
	Neurology – Lumbar Puncture	Basic criteria for neurology, plus documented performance of at least 15 cases for initial privileges, and at least 5 cases in the past year for reapproval.
	Neurology – Multiple Sleep Latency Testing	Basic criteria for neurology, plus documented performance of at least 15 cases for initial privileges, and at least 5 cases in the past year for reapproval.
	Neurology – Polysomnography	Basic criteria for neurology, plus documented performance of at least 15 cases for initial privileges, and at least 5 cases in the past year for reapproval.
	Neurology – Doppler Studies	Basic criteria for neurology, plus documented performance of at least 15 cases for initial privileges, and at least 5 cases in the past year for reapproval.
	Neurology – EEG	Basic criteria for neurology, plus documented performance of at least 15 cases for initial privileges, and at least 5 cases in the past year for reapproval.
	Neurology – EMG	Basic criteria for neurology, plus documented performance of at least 15 cases for initial privileges, and at least 5 cases in the past year for reapproval.
	Neurology – Nerve Conduction Velocity	Basic criteria for neurology, plus documented performance of at least 15 cases for initial privileges, and at least 5 cases in the past year for reapproval.
ADDITIONAL PRIVILEGES REQUESTED		DOCUMENTATION OF COMPETENCE

OBSTETRICS/GYNECOLOGY

	OB/GYN Core–admission, work-up, consultation, diagnosis and provision of treatment to patients for the management of the entire scope of clinical pathology involving female reproductive organs.	Basic criteria for surgery and 2 years recent experience in the care of OB/GYN patients or the completion of a residency program in OB/GYN
	GYN Surgery- Performance of surgical procedures (including related admission, consultation, work-up, pre- and post-operative care) to correct or treat various	Basic criteria for OB/GYN. and Two letters documenting current competence in the last

√	Privilege Description	Required Training/Experience
	conditions, illnesses and injuries of the involving female reproductive organs. Total Abdominal Hysterectomy, Bilateral Salpingo-Oophorectomy, Cystocele, Enterocoel, Rectocele Repair, Culdoncentesis.	two years, or recent CME training/ education.
	GYN ER- emergency assessment and treatment of the female patient for various disorders of the female reproductive organs, the care of the pregnant patient and emergency delivery of infants with the stabilization and transfer to appropriate hospital post delivery.	Basic criteria for OB/GYN. and Two letters documenting current competence in the last two years, or recent CME training/ education.
ADDITIONAL PRIVILEGES REQUESTED		DOCUMENTATION OF COMPETENCE

ONCOLOGY

	Oncology/Hematology Core–work-up, consultation, diagnosis and provision of treatment to patients presenting with malignant tumors or illnesses and disorders of the blood and blood-forming tissues. Treatment to include chemotherapy, radiation treatment excluded. These privileges do not include any of the internal medicine special privileges, which must be requested separately.	Basic criteria for internal medicine, plus fellowship in oncology/hematology and demonstrate provision of inpatient or consultative services to at least 24 patients in the past 12 months.
	Oncology/Hematology – Bone Marrow Aspiration and Biopsy	Basic criteria for internal medicine, plus fellowship in oncology/hematology and completion of at least 5 in the past year.
ADDITIONAL PRIVILEGES REQUESTED		DOCUMENTATION OF COMPETENCE

OPHTHALMOLOGY

	Cataract Removal and Artificial Lens Implant	Basic criteria for Ophthalmology: Doctor of Ophthalmology and Two letters documenting current competence in the last two years, or recent CME training/ education.
ADDITIONAL PRIVILEGES REQUESTED		DOCUMENTATION OF COMPETENCE

PEDIATRIC MEDICINE

	Pediatrics Core: Admission, evaluation, work-up, diagnosis and treatment of nonsurgical patients from 0-18 year of age and weight over 4 lbs; basic care with appropriate consult for oncology, hematology, pulmonology, gastro-enterology, nephrology, neurology, rheumatology. Pediatric Core Privileges include minor laceration	Basic Criteria listed below: Medical Doctor or Doctor of Osteopathy with 2 letters of support. and Board certified in Pediatrics and has completed residency training in Pediatrics.
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√	Privilege Description	Required Training/Experience
	repair, biopsy, I&D, foreign body removal, and lumbar puncture. Pediatric Core Privileges include resuscitation management including intubation and mechanical ventilator management and the stabilization of intubated patients for transfer.	or 2 years current experience in Pediatrics and two reference letters documenting competence and having completed residency training in Pediatrics.
	Insertion of Interosseous Line	Basic criteria for Pediatrics and additional training/experience. Two letters documenting current competence in the last two years, or recent CME training/education.
	Venous Cut down procedure	Basic criteria for Pediatrics and additional training/experience. Two letters documenting current competence in the last two years, or recent CME training/education.
	Paracentesis	Basic criteria for Pediatrics and additional training/experience. Two letters documenting current competence in the last two years, or recent CME training/education.
	Thoracentesis	Basic criteria for Pediatrics and additional training/experience. Two letters documenting current competence in the last two years, or recent CME training/education.
	Central Line Placement	Basic criteria for Pediatrics and additional training/experience. Two letters documenting current competence in the last two years, or recent CME training/education.
ADDITIONAL PRIVILEGES REQUESTED		DOCUMENTATION OF COMPETENCE

PULMONOLOGY

	Pulmonary Medicine – Admission, work-up, diagnosis, consultation and provision of treatment to patients presenting with conditions, injuries and diseases of the organs of the thorax or chest: lungs, cardiovascular and tracheobronchial systems, esophagus and other mediastinal contents, diaphragm, and circulatory system. Privileges include interpretation of pulmonary functions testing. These privileges do not include any of the internal medicine special privileges, which must be requested separately.	Basic criteria for internal medicine, plus ACGME approved fellowship in pulmonary medicine and demonstrate provision of inpatient or consultative services for at least 50 patients in the past 12 months.
	Pulmonary Medicine – Chest Tube Placement	Basic criteria for pulmonary medicine, plus completed at least five (5) in the past year.
	Pulmonary Medicine – Thoracoscopy	Basic criteria for pulmonary medicine, plus demonstrate successful performance of at least five (5) thoracoscopy or VATS procedures during residency or under the supervision of a qualified surgeon. Optimally, the applicant should be able to demonstrate that he or she has completed a thoracoscopy course that conforms to the guide-lines of the AATS/STS Joint Committee on Thoracoscopy and Video Assisted Thoracic Surgery.
	Pulmonary Medicine – Polysomnography	Basic criteria for pulmonary medicine, plus documented performance of at least 15 cases for initial

√	Privilege Description	Required Training/Experience
		privileges, and at least five (5) in the past year for reapproval.
ADDITIONAL PRIVILEGES REQUESTED		DOCUMENTATION OF COMPETENCE

RADIOLOGY

	Diagnostic Interpretation of: Basic radiography, and contrast and non-contrast MRI and CT Scans.	Basic criteria: Medical Doctor or Doctor of Osteopathy and Board Certified in Radiology and completed residency training in radiology. and Two letters documenting current competence in the last two years, or recent CME training/ education.
	Ultrasound interpretation: abdominal, genitourinary, obstetrical	Basic criteria for radiology. Two letters documenting current competence in the last two years
	Ultrasound interpretation: Carotid, extremities, cardiac and vascular studies.	Basic criteria for radiology. Two letters documenting current competence in the last two years
	Floroscopy	Basic criteria for radiology. Two letters documenting current competence in the last two years
	Bone Density	Basic criteria for radiology. Two letters documenting current competence in the last two years
	Mammography	Basic criteria for radiology. Two letters documenting current competence in the last two years
ADDITIONAL PRIVILEGES REQUESTED		DOCUMENTATION OF COMPETENCE

RHEUMATOLOGY

	Rheumatology – work-up, diagnosis, consultation and provision of treatment to patients presenting with rheumatic diseases, including joint aspiration and injection. These privileges do not include any of the internal medicine special privileges, which must be requested separately.	Basic criteria for internal medicine, plus fellowship in rheumatology and demonstrate provision of inpatient or consultative services for at least 24 patients in the past 12 months.
	Rheumatology – Arthroscopy	Basic criteria for rheumatology, plus completion of at least five (5) in the past year.
ADDITIONAL PRIVILEGES REQUESTED		DOCUMENTATION OF COMPETENCE

SURGERY

	Surgery Core- Performance of surgical procedures (including related admission, consultation, work-up, pre- and post-operative care) to correct or treat various conditions, illnesses and injuries of the: alimentary tract, abdomen and its contents; breasts, skin, and soft tissue (Excluding bypass operations for morbid obesity, complex grafts, reconstructive surgery; and endocrine system) Also included: minor extremity surgery, biopsy, I&D, foreign body removal, and complete care	Basic Criteria listed below: Medical Doctor or Doctor of Osteopathy and Board certified in Surgery and completed residency training in surgery. or 2 years current experience in surgery with two reference letters from peers documenting competence.
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√	Privilege Description	Required Training/Experience
	of critically ill patients with underlying surgical conditions in the Emergency Department.	
	Colonoscopy	Basic criteria for surgery. Two letters documenting current competence in the last two years, or recent CME training/ education.
	Flexible Sigmoidoscopy	Basic criteria for surgery. Two letters documenting current competence in the last two years, or recent CME training/ education.
	EGD	Basic criteria for surgery. Two letters documenting current competence in the last two years, or recent CME training/ education.
	Trauma Management and Surgery	Basic criteria for surgery. Two letters documenting current competence in the last two years, or recent CME training/ education.
	Laparoscopic Surgery	Basic criteria for surgery. Two letters documenting current competence in the last two years, or recent CME training/ education.
	GU - Bladder Suspension, Hydroelectomy, Orchiectomy, Undescended Testes, and Vasectomy, Circumcision	Basic criteria for surgery. Two letters documenting current competence in the last two years, or recent CME training/ education.
	GYN - Total Abdominal Hysterectomy, Bilateral Salpingo-Oophorectomy, Cystocele, Enterocoel, Rectocele Repair, Culdoncentesis	Basic criteria for surgery. Two letters documenting current competence in the last two years, or recent CME training/ education.
	Radiofrequency Ablation (RFA) of specific organ or tissue	Basic criteria for surgery. and 1) General Laparoscopic skills; 2) Proficiency in the use and interpretation of Sonography, both in open surgical and laparoscopic settings; 3) Trained surgeon with knowledge of and ability to manage complications associated with the procedure; 4) Satisfactory completion of a thermal ablation course with appropriate documentation to support proof of specific training program for specific organ or tissue requested from an approved instructor and institution; 5) Satisfactory performance of technique in specific human or animal tissue or organ.
	Stapled Hemorrhoidectomy	Basic criteria for surgery. Two letters documenting current competence in the last two years, or recent CME training/ education.
	Moderate Sedation	Basic criteria for surgery. And Five (5) moderate sedation procedures performed per year and evidence of appropriate advanced life support certification.
	Supervision of Mid-Level Provider- Physician Assistant, Nurse Practitioner, CRNA, or Independent Behavioral Health Counselor	Be aware of and abide by the New Mexico State Board of regulations regarding the scope of practice for Physician Assistants, Nurse Practitioners, CRNAs, or Independent Behavioral Health Counselors

√	Privilege Description	Required Training/Experience
	ADDITIONAL PRIVILEGES REQUESTED	DOCUMENTATION OF COMPETENCE

Rev. 7/09

Requesting Physician Signature

Date