KetteringHEALTH

Physical Medicine and Rehabilitation KHDO
Delineation of Privileges

Applicant's Name:

Instructions:

1. Click the **Request** checkbox to request a group of privileges.
2. Uncheck any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and Submit with required documentation.
5. Applicant have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving doubts related to qualification of requested privileges.

NOTE:

Privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Required Qualifications

Membership	I request the following clinical privileges, and I am aware that a denial of privileges relating to a practitioner's professional competence or professional conduct will result in the hospital submitting a report to the National Practitioner Data Bank.
Education/Training	DO or MD **AND** The applicant must be able to demonstrate successful completion of a residency training program in Physical Medicine and Rehabilitation approved by the American Osteopathic College of Rehabilitation Medicine or its equivalent.
Certification	The applicant must be an active member of the American Osteopathic College of Rehabilitation Medicine or its equivalent.

Primary Privileges Physical Medicine and Rehabilitation

Request	*Request all privileges listed below.* *Uncheck any privileges that you do not want to request*	Department/Section Chair	Credentials Committee Chair
	Autonomic testing		
	Diagnostic and therapeutic injections of root, nerve, muscle and joints		
	Diagnostic MSK Ultrasound		
	General Adult and Geriatric Physical Medicine and Rehabilitation - principle or consultative care. For patient populations including, but not limited to: Upper and lower extremity amputees, Spinal cord injury, Brain Injury (including CVA), Neuromuscular diseases Orthopedic & musculoskeletal disorders, De-conditioning due to other disorders (including cardiopulmonary and oncological disorders), Chronic pain syndrome		
	Pediatric Physical Medicine and Rehabilitation - principle or consultative care (See above for patient populations.)		
	Ultrasound Guided Carpal Tunnel Release		
	Performance and interpretation of studies:		
	Auditory evoked potential		
	Electromyography with nerve conduction studies		
	Motor evoked potentials		
	Radiographic interpretation of swallowing studies		
	Somatosensory evoked potentials		
	Urodynamics		
	Visual evoked potential		
	Other privileges		
	Intraoperative monitoring		
	ENG		

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I am entitled to perform and that I wish to exercise at Kettering Health Dayton/Kettering Health Washington Township and I understand that:

A. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

_____   _____

Practitioner's Signature   Date

Clinical Service Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

	Recommend all requested privileges
	Do not recommend any of the requested privileges
	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Clinical Service Chair Recommendation - Additional Comments

_____   _____
Chair, Department/Section   Date

_____   _____
Chair, Credentials Committee   Date