



Sleep Medicine Soin & KHGM 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. Applicants 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.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

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

To be eligible to apply for core privileges in sleep medicine, the initial applicant must meet the following criteria:

Education/Training

Minimum formal training: Applicants must demonstrate successful completion of an ACGME/AOA accredited postgraduate training program in a primary medical specialty such as pulmonology, psychiatry, pediatrics, otolaryngology, neurology or internal medicine.

AND

Successful completion of a postgraduate sleep medicine training accredited by the AASM or ACGME, or Board Certification in Sleep Medicine. Otherwise, applicants must be able to demonstrate that they have successfully evaluated at least 400 sleep medicine patients, including 200 new patients and 200 follow-up patients, in addition to the successful interpretation/review of raw data for 200 PSGs and 25 MSLTs.

AND

For new applicants to medical staff, not yet Board Certified, a letter of reference must come from the director of the applicant's sleep medicine training program. Alternatively, a letter of reference regarding competence should come from the chief of sleep medicine at the institution where the applicant most recently practiced.

**Clinical Experience
(Reappointment)**

To be eligible to renew core privileges in sleep medicine, the applicant must meet the following maintenance of privilege criteria: Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Primary Privileges in Sleep Medicine

Request		Request all privileges listed below.
KHGM	SOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Admit, evaluate, diagnose, provide consultation, and treat patients of all ages, presenting with conditions or disorders of sleep, (e.g., sleep-disordered breathing, circadian rhythm disorders, insomnia, parasomnias, narcolepsy, restless leg syndrome). May provide care to patients in the intensive care setting in conformance with unit policies. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
		Procedures (This listing includes procedures typically performed by physicians in this specialty. Other procedures that are extensions of the same techniques and skills may also be performed.)
		Actigraphy
		Home/ambulatory testing
		Maintenance of wakefulness testing (MWT)
		Monitoring with interpretation of EKG, EEG, EOG, EMG+, Flow, O2 saturation, leg movements, thoracic and abdominal movement, CPAP/BiPAP titration
		Multiple sleep latency testing (MSLT)
		Oximetry
		Perform history and physical exam
		Polysomnography (PSG) (including sleep stage scoring)
		Sleep log interpretation

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at Soin Medical Center and Kettering Health Greene Memorial and I understand that:

A. In exercising any clinical privileges granted, I am constrained by applicable 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

Clinical Service Chair Signature

Date