



Pathology Kettering Health
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 and doubts related to qualification of requested privileges.

Clinical Service 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.

Table with 2 columns: Requirement Category and Description. Categories include Membership, Education/Training, Clinical Experience (Initial), and Clinical Experience (Reappointment).

Core Privileges Pathology

Description: This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

Request							<i>Request all privileges listed below.</i>
KHHM	KHDO	KHGM	KHMC	SOIN	KHMB	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
							- Currently granted privileges
							Anatomic Pathology Core Privileges
							Diagnosis, exclusion, and monitoring of disease by general anatomical pathology examination of tissue specimens, cells, body fluids, and clinical laboratory tests on body fluids and secretions, and including performance of autopsies. Adhere to medical staff policy regarding emergency and consultative call services. The core privileges include the procedures listed on the attached privilege list and such other procedures that are extensions of the same techniques and skills.
							Procedures Anatomic Pathology (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.)
							Chromogenic in-situ hybridization
							Cytology interpretation (gynecologic and nongynecologic including fine needle aspiration)
							Fine needle aspiration (performance and determination of specimen adequacy)
							Frozen section evaluation
							Immunohistochemistry
							Medical autopsy
							Surgical pathology (grossing and interpretation)
							Clinical Pathology Core Privileges
							Microbiology, hematology, immunohematology, blood banking and serology, clinical chemistry and immunology. Privileges include but are not limited to; interpretation and evaluation of special laboratory tests. Adhere to medical staff policy regarding emergency and consultative call services. The core privileges include the procedures listed on the attached privilege list and such other procedures that are extensions of the same techniques and skills.
							Procedures Clinical Pathology (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.)
							Clinical chemistry
							Flow cytometry
							Hematology and coagulation
							Immunology
							Medical microbiology
							Molecular genetics
							Transfusion medicine
							Urinalysis

Therapeutic Apheresis

Qualifications

Education/Training Completion of a residency/fellowship approved by Accreditation Council of Graduation Medical Education (ACGME), American Board of Medical Specialties (ABMS), or American Osteopathic Association (AOA) in clinical or a combined residency in anatomic and clinical pathology with achievement of certification within six years of residency completion, leading to certification in clinical and/or anatomic pathology by the American Board of Pathology or the American Osteopathic Board of Pathology or subspecialty certification in Blood Banking.

Clinical Experience (Initial) Applicants for initial appointment must be able to demonstrate successful completion of an ACGME- or AOA-accredited residency and/or clinical fellowship and demonstrated current competence relevant to the scope of privileges requested.

Clinical Experience (Reappointment) 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.

Request							Request all privileges listed below. Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
KHHM	KHDO	KHGM	KHMC	SOIN	KHMB	KHTR	
							- Currently granted privileges
							Plasma exchange, red cell exchange, leukopheresis, plateletapheresis, and immunoadsorption

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 a Kettering Health Hospital(s) 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