



Registered Licensed Dietitian Kettering Health
Dependent Allied Health Professional

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.

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.

Each specialty and/or supervising/collaborating physician is responsible for submitting a list of privileges, which are not otherwise identified in this document, and that are within the supervising physician's normal course and scope of practice. This specific list will be approved by the Allied Health Professionals Council, the Credentials Committee and the Medical Executive Committee. An approved list will then be included in each application. If special duties, not included on the list, are requested, they must be approved by the above committees.

The privileges of a registered dietitian may be terminated at the direction of the Clinical Service Chair in which the supervising/collaborating physician is a member or the Chief of Staff at any time for just and due cause. The supervising physician may appeal this termination to the Medical Executive Committee or a committee especially dedicated for this purpose. Privileges are voluntarily resigned upon leaving the employment of the supervising/collaborating physician(s).

Required Qualifications

To be eligible to apply for clinical privileges as a Registered Licensed Dietitian, the applicant must meet the following criteria:

Education/Training

Successful completion of a bachelor's or graduate degree from an accredited college of institution that is consistent with the academic standards for dietitians according to Academy of Nutrition and Dietetics;

AND

Successful completion of an Accredited dietetic internship by the Commission on Accreditation/Approval for Dietetics Education of the Academy of Nutrition and Dietetics.

Successful completion of the CDR examination;

AND

Registered as a Dietitian;

AND

Unrestricted license as a dietitian in Ohio;

AND

Collaborative agreement with a physician approved for active privileges in a specialty relevant to the dietitian's practice.

Clinical Experience (Initial) Applicants for initial appointment must have a minimum of six (6) months experience at Kettering Health Network and must be able to demonstrate 80% passage of the order writing competency and chart reviews. Applicants must be approved by the Kettering Health Network Clinical Nutrition Council.

Clinical Experience (Reappointment) To be eligible to renew core privileges as a registered dietitian, the applicant must meet the following maintenance of privilege criteria: Current demonstrated competence evaluated and approved by the Kettering Health Network Clinical Nutrition Council with acceptable results in the 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, this will be demonstrated through chart reviews and competencies.

Core Procedure List for Registered Licensed Dietitian

Description: These lists are 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 |
| | | | | | | | Level 1 |
| | | | | | | | Diet order changes after initial order is placed by physician. |
| | | | | | | | Order supplements. |
| | | | | | | | Level 2 |
| | | | | | | | Order enteral nutrition support. |
| | | | | | | | Order labs. |

| FPPE Requirements | | | | | | | |
|-------------------|------|------|------|------|------|------|---|
| KHHM | KHDO | KHGM | KHMC | SOIN | KHMB | KHTR | |
| | | | | | | | |
| | | | | | | | For granting of initial privileges, an audit of five (5) charts is required to be completed by the practitioner and reviewed by the Clinical Service Chair for their specialty. |

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 |
|-----------|---|
| | |
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| | |

| Clinical Service Chair Recommendation - Additional Comments |
|---|
| |
| |
| |
| |
| |

Clinical Service Chair Signature

Date