



Allergy & Immunology KHHM 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.

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.

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 this page of this form.

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

Education/Training Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)- or American Osteopathic Association (AOA)-accredited residency in internal medicine or pediatrics followed by an accredited residency in allergy and immunology.

Continuing Education

Certification Current certification or active participation in the examination process with achievement of certification within six years leading to certification in allergy and immunology by the American Board of Allergy and Immunology or subspecialty certification in allergy and immunology by the American Osteopathic Board of Internal Medicine.

Clinical Experience (Initial) Applicants for initial appointment must be able to demonstrate provision of allergy/immunology services, reflective of the scope of privileges requested, to [n] inpatients or outpatients during the

past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

**Clinical Experience
(Reappointment)**

To be eligible to renew core privileges in allergy/immunology, 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.

Additional Qualifications

Allergy/Immunology Core Privileges

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 | <p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i></p> | Dept Chair Rec |
|---------|--|----------------------|
| | <p>Admit, evaluate, diagnose, consult, and manage patients of all ages presenting with conditions or disorders involving the immune system, both acquired and congenital. Selected examples of such conditions include asthma, anaphylaxis, rhinitis, eczema, urticaria, and adverse reactions to drugs, foods, and insect stings, as well as immune-deficiency diseases (both acquired and congenital), defects in host defense, and problems related to autoimmune disease, organ transplantation, or malignancies of the immune system. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. 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.</p> | |
| | Allergen immunotherapy | |
| | Allergy testing | |
| | Delayed hypersensitivity skin testing | |
| | Drug desensitization and challenge | |
| | Drug testing | |
| | Food challenge testing | |
| | Immediate hypersensitivity skin testing | |
| | IVIg treatment and administration | |
| | Nasal cytology | |
| | Patch testing | |
| | Performance of history and physical exam | |
| | Physical urticaria testing | |
| | Provocation testing for hyper-reactive airways | |
| | Pulmonary function tests | |
| | Rapid desensitization | |
| | Rhinolaryngoscopy | |

Check Here To Request Internal Medicine Privileges Form

| Request | <p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i></p> | Dept Chair Rec |
|---------|--|----------------------|
| | Internal Medicine Privileges Form | |

Check Here To Request Pediatric Privileges Form

| | | |
|----------------|--|-------------------------------|
| Request | Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i> | Dept Chair Rec |
| | Pediatric Privileges Form | |

Acknowledgment of Applicant

I hereby request the clinical privileges as indicated. I understand that such privileges include rendering of all associated diagnostic and supportive measures necessary in performance of the privileges I have requested, and in treating associated diseases with adequate consultation when indicated.

I recognize that in emergency situations where immediate life-saving action is necessary, any member of the medical staff is authorized to perform such life-saving treatment as may be required.

I further understand that any and all privileges granted me shall be commensurate with my documented training and demonstrated competence, judgment and capabilities. The Credentials and Executive Committees of the medical staff and the Board of Trustees of the hospital reserve the right to grant or limit my privileges in accord with my continuing performance in rendering patient care.

Practitioner's Signature

Date

Department 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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| Additional Comments |
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| |

Signature of Department Chair/Designee

Date