



Medicine - Sleep Medicine 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.

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	<p>Applicants must demonstrate successful completion of an ACGMS/AOA accredited postgraduate training program in a primary medical specialty such as pulmonology, psychiatry, pediatrics, otolaryngology, neurology or internal medicine.</p> <p style="text-align: center;">AND</p> <p>Successful completion of a postgraduate sleep medicine training accredited by the AASM or ACGME, or Board Certification in Sleep Medicine.</p> <p style="text-align: center;">OR</p> <p>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.</p>
Certification	The applicant physician must possess current board certification by the specialty board most commonly applicable to his or her specialty, or become board certified as such within six years of completing his or her residency program or receiving medical staff membership or clinical privileges.
Clinical Experience (Initial)	The successful applicant 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.

**Clinical Experience
(Reappointment)**

To be eligible to renew core privileges in Sleep Medicine, the applicant must demonstrate 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 Sleep Medicine

Description: Core Privileges include: admit, evaluate, diagnose, provide consultation, and treat, 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 list below and such other procedures that are extensions of the same techniques and skills.

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
	Actigraphy	
	Admit and manage patients in ICU and other monitored settings	
	Admit and manage patients in non-critical care and unmonitored settings	
	Consultation privileges in Sleep Medicine	
	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 Examinations	
	Polysomnography (PSG) (including sleep stage scoring)	
	Sleep log interpretation	

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

Additional Comments

Signature of Department Chair/Designee

Date