



**Apheresis KHDO**  
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. Applicant 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	
<b>Membership</b>	Allied Health Practitioner will be assigned to a Clinical Department or Section and will be under the supervision of a member of the Professional Staff.
<b>Education/Training</b>	A health professional has obtained a certificate of satisfactorily having completed a training course in the monitoring and operation of monitoring devices related to apheresis procedures.
<b>Continuing Education</b>	Education (including appropriate professional continuing education and any specific orientation requirements of the Hospital), training, demonstrated professional background and experience, and professional competence for the Privileges requested.
<b>Certification</b>	In lieu of a certificate, demonstration of adequate training must be provided. A license is not necessarily required.

**Core Primary Privileges**

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request</i></p>	<p align="center"><b>Department/Section Chair</b></p>	<p align="center"><b>Credentials Committee Chair</b></p>
	<p><b>Procedures Permitted in Hospital</b> (Monitoring and operation of monitoring devices to assist physicians or other licensed independent practitioners ("LIP") in the performance of apheresis procedures. May document in the medical record only that data which is related to equipment and/or patient monitoring during apheresis procedures.)</p>		
	<p>Core Procedures: Monitoring and operation of monitoring devices to assist physicians or other licensed independent practitioners (LIP) in the performance of apheresis procedures. May document in the medical record only that data which is related to equipment and/or patient monitoring during apheresis procedures.</p>		
	<p><b>Procedures Prohibited in the Hospital</b> (The apheresis Allied Health Practitioner will not have admission or clinical privileges.)</p>		
	<p><b>Supervision by Physician</b> ((a) The apheresis Allied Health Practitioner will function under the direction and supervision of their employing physician/LIP who currently has privileges at the Hospital and who will be responsible for all their Hospital activities. (b) All chart entries allowed under this section must be cosigned by the supervising physician/LIP by the end of the procedure. (c) The supervising LIP physician must be no more than 30 minutes away from the apheresis Allied Health Practitioner and be able at all times to respond on site to the Hospital when his/her presence is needed by the apheresis Allied Health Practitioner.)</p>		

**Acknowledgment of Applicant**

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I am entitled to perform and that I wish to exercise at Kettering Health Dayton/Kettering Health Washington Township hospital(s) and I understand that:

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

\_\_\_\_\_  
Signature of Chair/Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair, Credentials Committee

\_\_\_\_\_  
Date