



Dermatology 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 speical 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

I request the following clinical privileges, and I am aware that a denial of privileges relating to a practitioner 's professional competence or professional conduct will result in the hospital submitting a report to the National Practitioner Data Bank.

AND

In requesting privileges in the Section of Dermatology, I request privileges to manage all medical and minor surgical dermatologic problems, as well as those of medicine in general.

Education/Training

Clinical privileges in Dermatology shall be defined as those standard, usual, and customary procedures appropriate to the diagnosis and treatment of any and all diseases encompassed by that specialty. The physician must be board eligible or the equivalent thereof and completed a course of residency or equivalent course of training in dermatology.

Clinical Experience

The dermatologist must have demonstrated the ability, under the observation of his peers, to assume full responsibility for all problems related to the specialty of Dermatology, including but not limited to, the medical management of patients with skin diseases, cutaneous surgery for benign and malignant lesions of the skin, cold knife, electrofulguration, cryotherapy, topical and systemic chemotherapy for benign and malignant skin lesions.

Additional Qualifications

Procedures not included in the description of general clinical privileges or special procedures indicated below in the physician clinical privileges profile may be performed in emergency situations even though not herein specified.

AND

Physicians may request an extension or reduction of clinical privileges listed below at any time by submitting the designated "Application for Extension/ Reduction of Privileges" to the Department/Section chairman and the Credentials Committee.

Primary Privileges Dermatology

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i>	Department/Section Chair	Credentials Committee Chair
	Chemosurgical removal of benign and malignant lesions		
	Chemotherapy for psoriasis		
	Cryosurgical removal of benign and malignant lesions		
	Dermabrasion/salabrasion		
	Electrosurgical removal of benign and malignant lesions		
	Excision of benign and malignant lesions		
	Grenz Ray therapy		
	MOHS surgery		
	Laser surgery		
	Phototherapy		
	Skin biopsies		
	Skin/patch tests for delayed hypersensitivity		
	Other Privileges		
	Dermatopathology		

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 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

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

Clinical Service Chair Recommendation - Additional Comments

Chair, Department/Section

Date

Chair, Credentials Committee

Date