

Immunology and Rheumatology KHDO

Delineation of Privileges

Applicant's Name:

Instructions:

- $1. \quad \hbox{Click the $\hbox{\bf Request}$ 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

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.

Primary Privileges Immunology and Rheumatology

Description: The scope of Immunology and Rheumatology includes, but is not limited to, rheumatic diseases and other illnesses with rheumatologic manifestations.

Request	Request all privileges listed below. Uncheck any privileges that you do not want to request	Department/Section Chair	Credentials Committee Chair
	Admission to the hospital and treatment of patients with rheumatic disease.		
	Consultation and acceptance of management of patients with rheumatic disease.		
	Diagnostic aspiration of and analysis by light and polarized light microscopy of synovial fluid from diarthrodial joints, bursae and tenosynovial structures		
	The diagnosis and treatment of diffuse connective tissue diseases (rheumatoid arthritis, systemic lupus erythematosus, scleroderma, polymyositis), spondyloarthropathies, vasculitis, crystal-induced synovitis, osteoarthritis, non-articular rheumatic diseases, systemic diseases with articular manifestations, metabolic diseases of bone (including osteoporosis), infections of joints, and rheumatic diseases in pediatric patients.		
	Therapeutic injection of diarthrodial joints, bursae, tenosynovial structures and entheses		

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.

В.	Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my	actions
are	e 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 - Addi	tional Comments
Chair, Department/Section	Date
Chair Credentials Committee	 Date