



Nephrology 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	
Membership	<p>Criteria for membership in the Section of Nephrology shall be consistent and comply with the by-laws and policies of the professional staff and of the Hospital Board of Trustees at Grandview Hospital and Southview Hospital.</p> <p style="text-align: center;">AND</p> <p>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.</p>
Education/Training	<p>Applicants must be able to demonstrate successful completion of an Internal Medicine residency program approved by the American Osteopathic Association or its allopathic equivalent.</p> <p style="text-align: center;">AND</p> <p>Applicants must be able to demonstrate successful completion of at least a two-year Nephrology fellowship program approved by the American Osteopathic Association or its allopathic equivalent.</p>
Certification	<p>Applicants must be board certified in Internal Medicine by the American Osteopathic Board of Internal Medicine or by the American Board of Internal Medicine.</p> <p style="text-align: center;">AND</p> <p>Applicants must be at least board eligible in Nephrology by the American Osteopathic Board of Internal Medicine or by the American Board of Internal Medicine.</p>

Primary Privileges Nephrology

Description: Nephrology is the branch of medical practice concerned with the diagnosis and treatment of disorders of the kidney. The scope of Nephrology includes, but is not limited to, congenital and acquired diseases of the kidney and renal diseases associated with systemic disorders.

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i></p>	Department/Section Chair	Credentials Committee Chair
	The diagnosis and treatment of acute/chronic renal failure (including the non-surgical management of uremia), hypertensive disorders, anemia associated with renal failure, tubulo-interstitial renal diseases including inherited diseases of transport, cystic diseases and other congenital disorders. The diagnosis and treatment of glomerular and vascular diseases including the glomerulonephritides, diabetic nephropathy, and atheroembolic renal disease; as well as vasculitides, disorders of fluid, electrolyte and acid base regulation; and normal and disordered mineral metabolism including nephrolithiasis and renal osteodystrophy		
	Acute and chronic hemodialysis		
	Acute and chronic peritoneal dialysis		
	Admission to the hospital and treatment of patients with kidney disease		
	Arterial line insertion		
	Consultation and acceptance of management of patients with kidney disease		
	Continuous renal replacement therapy		
	Percutaneous renal biopsy		
	Temporary peritoneal dialysis catheter insertion		
	Temporary vascular access for hemodialysis (Central venous catheter insertion)		

Therapeutic Apheresis

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i></p>	Department/Section Chair	Credentials Committee Chair
	Therapeutic Apheresis		

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

Clinical Service Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

<input type="checkbox"/>	Recommend all requested privileges
<input type="checkbox"/>	Do not recommend any of the requested privileges
<input type="checkbox"/>	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