



Osteopathic Manipulative Medicine 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>The privileges granted by this section are based on demonstrated competence in OMT above those generally appropriate for any osteopathic school graduate, Category I, as defined in Department of Family Practices clinical privileges. They include Categories I-111 and are reviewed by the department chairperson, and when necessary , a committee.</p> <p style="text-align: center;">AND</p> <p>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>
Certification	<p>Board eligible and/ or certified in Osteopathic Manipulative Medicine.</p> <p style="text-align: center;">AND</p> <p>Competency in Osteopathy in the Cranial Field, in addition to the above, is necessary for privileges in Cranial Osteopathy.</p> <p style="text-align: center;">AND</p> <p>If board eligible, member must complete certification in order to maintain privileges.</p>
Clinical Experience (Reappointment)	<p>Member must maintain certification and competency in order to maintain privileges.</p>
Delineation of Services	<p>Eligible for consultation privileges in Cranial Osteopathy if both board eligible/ certified in Osteopathic Manipulative Medicine and competent in osteopathy in the cranial field.</p> <p style="text-align: center;">OR</p> <p>Eligible for consultation privileges in all other OMT techniques if board eligible/ certified in Osteopathic Manipulative Medicine.</p> <p style="text-align: center;">OR</p>

May provide Cranial Osteopathy if both eligible/ certified in Osteopathic Manipulative Medicine and competent in osteopathy in the cranial field.

OR

May provide all other OMT techniques if board eligible/ certified in Osteopathic Manipulative Medicine.

Primary Privileges Osteopathic Manipulative Medicine

Qualifications

- Category I** Those competencies gained from additional training or past experience beyond the general rotating internship.

- Category II** Those competencies appropriate for the graduate of an approved residency program with a plus one residency.

- Category III** Those competencies appropriate for graduates of approved OMT residency programs

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request</i>	Department/Section Chair	Credentials Committee Chair
	Cranial Osteopathy		
	Category I		
	Category II		
	Category III		
	Osteopathic Manipulative Therapy		
	Category I		
	Category II		
	Category III		
	Manipulation under anesthesia		
	Category I		
	Category II		
	Category III		

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):

	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