



**Pulmonology 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>	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.
<b>Education/Training</b>	Successful completion of residency training in Pulmonology is required.
<b>Clinical Experience (Reappointment)</b>	I acknowledge that it is the applicant's responsibility to provide all necessary documentation supporting training and experience for the privileges requested. Any new privileges/procedures must bear documentation of such training and/or experience.
<b>Additional Qualifications</b>	Physicians with these privileges have the highest level of competence within the field of Pulmonology, on a par with that considered appropriate to a subspecialist. <b>AND</b> They are qualified to act as consultants, and should in turn request consultation from within or from outside the hospital staff whenever needed.

**Primary Privileges Pulmonology**

Request	<p align="center"><i>Request all privileges listed below. Uncheck any privileges that you do not want to request</i></p>	Department/Section Chair	Credentials Committee Chair
	<b>Diagnostic Procedures on Larynx and Trachea</b>		
	Endoscopic biopsy of larynx		
	Endoscopic biopsy of trachea		
	Laryngoscopy		
	Tracheostomy - percutaneous		
	<b>Operation on Lung, Bronchus, Chest</b>		
	Bronchoscopy with associated diagnostic and therapeutic procedures		
	Pleural biopsy (needle)		
	Thoracentesis		
	Thoracoscopy, diagnostic		
	Thoracoscopy, therapeutic		
	<b>Other Procedures</b>		
	Arterial puncture and cannulation		
	Management of continuous mechanical ventilation		
	Pulmonary function interpretation		
	Swan Ganz catheterization		
	<b>Other Privileges</b>		
	Balloon bronchoplasty		
	Bedside echocardiography		
	Bronchial thermoplasty		
	Bronchoscopy stent placement		
	Central line placement		
	Chest tube placement		
	Dialysis line insertion		
	Electro navigational bronchoscopy		
	Endobronchial ultrasound		
	Endotracheal intubation		
	Infusion center		
	Moderate Sedation		
	Pharyngoscopy		
	PleurX catheter		
	Rhinoscropy		
	Thoracic ultrasound		

**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