

Endocrinology KHMC & KHMB

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. 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.

Clinical Service Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

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
Education/Training	Successful completion of an ACGME or AOA accredited Residency training program in Internal Medicine followed by successful completion of a fellowship in endocrinology.
Certification	Initial applicant requirements: current subspecialty certification or active participation in the examination process, with achievement of certification within six years leading to subspecialty certification in Endocrinology, Diabetes and Metabolism by the American Board of Internal Medicine or achievement of a certificate of special qualifications in Endocrinology by the American Osteopathic Board of Internal Medicine.
Clinical Experience (Initial)	Applicants for initial appointment must be able to demonstrate provision of inpatient or consultative services, reflective of the scope of privileges requested, for at least 24 patients during the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.
Clinical Experience (Reappointment)	To be eligible to renew core privileges in endocrinology, the applicant must meet the following maintenance of privilege criteria: Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Endocrinology

КНМС	KHMB	Click shaded blue check box to request all privileges. Uncheck any privileges you do not want to request.	
		- Currently granted privileges	
	Core Privileges		
		Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages with injuries or disorders of the internal (endocrine) glands (e.g., thyroid and adrenal glands) and metabolic and nutritional disorders, diabetes in pregnancy or gestational disorders, obesity, pituitary diseases, and menstrual and sexual problems. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.	
		Procedures (This listing includes procedures typically performed by physicians in this specialty. Other procedures that are extensions of the same techniques and skills may also be performed.)	
		Basic laboratory techniques including interpretation	
	Interpret hormone assays		
	Perform and interpret stimulation and suppression tests		
	Perform fine needle aspiration of the thyroid		
	Perform history and physical examination		
		Radiologic measurement of bone density and other tests used in the management of osteoporosis and other metabolic bone disease	
		Radiologic and other imaging studies for diagnosis and treatment of endocrine and metabolic diseases	
		Radionuclide localization of endocrine tissue	
		Ultrasonography of the soft tissues of the neck	

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at Kettering Health Main Campus and Kettering Health Miamisburg and I understand that:

- A. In exercising any clinical privileges granted, I am constrained by applicable Hospital and Medical Staff policies and rules

applicable generally and any applicable to the particular situation.				
3. 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 - Privile	eges egges				
I have reviewed the requested clinical privileges and supporting	g 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 Comment	s				
Clinical Service Chair Signature	Date				