



**Addiction Medicine Soin & KHGM**  
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.

**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>Education/Training</b>	Applicants must have successfully completed an ACGME/AOA-approved residency program in a specialty such as psychiatry, emergency medicine, family practice, pediatrics, or internal medicine. Applicants must also have completed an accredited training program in addiction medicine or can demonstrate equivalent practice experience.
<b>Clinical Experience (Initial)</b>	The successful applicant must be able to demonstrate that he or she has performed a reasonable number of diagnostic or therapeutic addiction medicine evaluations in the past 12 months.
<b>Clinical Experience (Reappointment)</b>	The applicant must have performed a reasonable number of therapeutic addiction evaluations.

**Core Privileges Addiction Medicine**

**Description:** Core privileges in addiction medicine include but are not limited to the following:

Request		<i>Request all privileges listed below.</i>
KHGM	SOIN	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Assessment and diagnosis of addiction and substance - related disorders
		Integration of addiction medicine expertise with other healthcare providers, including specialists in the emergency department and intensive care units
		Provide medication management for addiction
		Provide counseling for individuals, groups and families
		Work collaboratively with allied health practitioners, including psychologists, nurse practitioners and pharmacists
		<b>Management of the following:</b>
		Medical complications of addiction and other substance-related disorders
		Severe or complex intoxication
		Severe or complex withdrawal
		Social and psychological complications of addiction and other substance-related disorders

**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 Greene Memorial and/or Soin Medical Center 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.
- 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

\_\_\_\_\_  
 Clinical Service Chair Signature Date