



Dermatology 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

Membership	To be eligible to apply for core privileges in dermatology, the initial applicant must meet the following criteria.
Education/Training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)- or American Osteopathic Association (AOA)-accredited residency in dermatology.
Certification	Current certification or active participation in the examination process [with achievement of certification within six years leading to certification in dermatology by the American Board of Dermatology or the American Osteopathic Board of Dermatology.
Clinical Experience (Initial)	Applicants for initial appointment must be able to demonstrate provision of outpatient or consultative care, reflective of the scope of privileges requested, to at least 12 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)	Current demonstrated competence and provision of care 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.

Core Privileges Dermatology

Description: This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

Request		<i>Request all privileges listed below.</i>
KHGM	SOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages with benign and malignant disorders of the integumentary system (epidermis, dermis, subcutaneous tissue, hair, nails, mouth, external genitalia, and cutaneous glands) as well as sexually transmitted diseases. 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.)
		Botulinum toxin injection
		Chemical face peels
		Collagen injections
		Cryosurgery
		Dermabrasion
		Diagnosis and treatment of skin cancers, moles, and other tumors of the skin
		Electrosurgery
		Excision of benign and malignant tumors with simple, intermediate and complex repair techniques including flaps and grafts
		Interpretation of specially prepared tissue sections, cellular scrapings, and smears of skin lesions by means of routine and special (electron and fluorescent) microscopes
		Management of contact dermatitis, allergic and nonallergic skin disorders, skin manifestations of systemic (including internal malignancy), and infectious diseases
		Management of cosmetic disorders of the skin such as hair loss and scars and the skin changes associated with aging
		Patch tests
		Perform history and physical exam
		Scalp surgery
		Sclerotherapy
		Skin and nail biopsy
		Soft tissue augmentation

MOHS Micrographic Surgery

Qualifications

Education/Training Applicant must have completed an ACGME- or AOA-accredited residency program in dermatology that included MMS training or an approved MMS fellowship training program, or must hold a certificate of added qualifications in MOHS Micrographic Surgery by the American Osteopathic Board of Dermatology.

Clinical Experience (Initial) Demonstrated current competence and evidence of the performance of at least 100 MMS procedures in the past 12 months.

Clinical Experience (Reappointment) Demonstrated current competence and evidence of the performance of 200 MMS procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to MMS may be required.

Request		<i>Request all privileges listed below.</i>
KHGM	SOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		MOHS Micrographic Surgery

Special Non-Core Privileges

Description: If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

Request		<i>Request all privileges listed below.</i>
KHGM	SOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Special Non-Core Privileges

Use of Laser

Description: Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles or provide documentation appropriate to the specific laser to be utilized. Practitioner agrees to limit practice to only the specific laser types for which they have provided documentation of training and experience.

Request		<i>Request all privileges listed below.</i>
KHGM	SOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Use of Laser

Administration of Sedation and Analgesia (See Hospital Policy for Moderate Sedation)

Request		<i>Request all privileges listed below.</i>
KHGM	SOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Administration of Sedation and Analgesia

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):

<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

Clinical Service Chair Signature

Date