

**DEPARTMENT OF MEDICINE
FAMILY PRACTICE**
Delineation of Privileges

Please Print Name

QUALIFICATIONS: Licensed physician (MD or DO) as defined in the Medicine Department Rules and Regulations with appropriate training in Family Medicine.

REQ=Requested APP=Approved

STAFF CATEGORY: Family Practice physicians are not eligible to be granted privileges and are appointed to the Affiliate Staff Category.

AFFILIATE STAFF:

Affiliate Staff Members shall consist of Family Practice physicians who do not admit or manage patients in the Hospital but who diagnose or treat patients who use the Hospital.

Physicians appointed to this Category may:

- refer patients for diagnostic testing and specialty services;
- refer patients for treatment by a member of the medical staff with admitting privileges;
- attend meetings of the General Medical Staff and Departments to which they are assigned and Network Continuing Medical Education programs;
- accept committee and/or department membership assignments and in doing so, shall carry out such assignments as stipulated within the applicable committee and/or Department rules and regulations; and
- pay all staff dues and assessments as determined by the Medical Staff Executive Committee.

Physicians appointed to this category may not:

- admit patients, do consults, write orders or progress notes or make any other entries in the medical record, participate in surgery, or actively participate in patient care;
- vote on medical staff or Department matters.

I have reviewed the above list and by my signature below, I certify that my malpractice insurance meets or exceeds the limits required by the Board of Directors.

Applicant's Signature:	Date:
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DEPARTMENTAL REPORT AND RECOMMENDATION: Upon review of all the credentialing information available with particular focus on background and education/training, I recommend the applicant as capable of carrying out duties of an Affiliate Staff Member.

Signature: Medicine Department Chairman/Vice Chairman	Date:
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Date: _____
Credentials approval

Date: _____
Medical Executive approval

Date: _____
Board of Directors approval