

Please Print Name _____

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

OF THE FOLLOWING, INDICATE PARTICULAR PRIVILEGES REQUESTED: Privileges granted will permit the physician to treat patients as delineated for all inpatient and outpatient areas, intensive care units, and Emergency Department.

(REQ=Requested) - (APP=Approved)

REQ	APP	Privilege Requested
		ADMIT, evaluate, diagnose and provide treatment or consultative services to patients presenting with cancer, illnesses and disorders with neoplastic or solid tumors, hematologic blood disorders and/or disorders of the blood and blood-forming tissues.

HEMATOLOGY/ONCOLOGY PRIVILEGES/AREA OF PRACTICE: Hematologist/Oncologists are eligible to perform or to apply for the following core procedures including administration of chemotherapy agents and biological response modifiers through all therapeutic routes, the management and care of indwelling venous access catheters, plasmapheresis, lymph node aspiration, therapeutic thoracentesis and paracentesis. A letter from the residency/fellowship program director confirming training/experience in procedures requested for all new applicants who have recently (within the past 5 years) completed training. Applicants should provide a copy of procedural case logs from their training program. Applicants should provide procedural logs from their training program if applicable. Applicants out of training over 5 years must provide documentation of training and recent experience.

REQ	APP	PRIVILEGE REQUESTED
		Hematology/Oncology Core Privileges

HEMATOLOGY/ONCOLOGY SPECIAL PROCEDURES: Documentation of training/expertise must be submitted when requesting the following. Hematologist/Oncologists with appropriate specialty training/experience are eligible to apply for the following special procedures, provided that specific criteria is met. Successful completion of an approved and recognized course or acceptable training in residency, fellowship or other acceptable experience will be required to demonstrate competency.

REQ	APP	PRIVILEGE REQUESTED	REQ	APP	PRIVILEGE REQUESTED
		Bone Marrow Aspiration			Bone Marrow Biopsy

CONSCIOUS SEDATION

REQ	APP	Privilege Requested:
		Conscious sedation (see attached criteria for granting privileges)

I have reviewed the above list and have checked the procedures to which I am limiting my practice; and having been trained accordingly, by my signature below, I certify that my malpractice insurance will cover, to the dollar limits required by the Board of Directors, my exercise of the above requested privileges:

Applicant's Signature:	Date:
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DEPARTMENTAL REPORT AND RECOMMENDATION: Upon review of all the credentialing information available with particular focus on education/training, experience, current competence and ability to perform the specific privileges requested, I recommend the applicant as capable of carrying out duties and is competent to perform each of the specific privileges as designated above.

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

Date: _____
Medical Executive approval

Date: _____
Board of Directors approval

CRITERIA FOR GRANTING PRIVILEGES HEMATOLOGY/ONCOLOGY

CONSCIOUS SEDATION PRIVILEGES

Qualifications and competency requirements for privileges to administer conscious sedation by an applicant at the time of appointment and reappointment to the Medical Staff and as an Emergency Department Nurse Practitioner include:

INITIAL REQUEST - CRITERIA FOR GRANTING PRIVILEGES

ADULT Patients:

- A. Signed acknowledgment that the applicant has reviewed and understands the John C. Lincoln Deer Valley Patient Services Policy, Management of Conscious Sedation #14.17.0.60 and the John C. Lincoln Deer Valley Conscious Sedation Learning Packet; **AND**
- B. ACLS certification; **AND**
- C. Training and education during residency, fellowship or continuing medical education courses that include:
 - i. Evaluation and care of patients receiving conscious sedation and a course of study that includes conscious sedation medications; **OR**
 - ii. Successful completion of the attached Conscious Sedation Post Test

PEDIATRIC Patients

- A. Signed acknowledgment that the applicant has reviewed and understands the John C. Lincoln Deer Valley Patient Services Policy, Management of Conscious Sedation #14.17.0.60 and the John C. Lincoln Deer Valley Conscious Sedation Patient Learning Packet; **AND**
- B. PALS certification; **AND**
- C. Training and education during residency, fellowship or continuing medical education courses that include:
 - i. Evaluation and care of patients receiving conscious sedation and a course of study that includes conscious sedation medications; **OR**
 - ii. Successful completion of the attached Conscious Sedation Post Test

REAPPOINTMENT REQUEST - CRITERIA FOR CONTINUING PRIVILEGES

ADULT & PEDIATRIC Patients:

- A. Signed acknowledgment that the applicant has reviewed and understands the John C. Lincoln Deer Valley Patient Services Policy, Management of Conscious Sedation #14.17.0.60; **AND**
- B. ACLS certification. PALS certification for pediatric patients.