

Please Print Name

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

INITIAL APPLICANTS

A letter from the residency/fellowship program director confirming training/experience in procedures requested is required 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 out of training over 5 years must provide documentation of training and recent experience.

RE-APPLICANTS

Physician must be able to show current demonstrated competence and adequate volume of experience in Infectious Disease for the past 24 months reflective of the scope of privileges requested.

Of the following, indicate particular privileges requested: Privileges granted herein permit the physician to treat patients in all inpatient and outpatient areas of the hospital, including intensive care units, and Emergency Department.

REQ=Requested APP=Approved

REQ	APP	PRIVILEGE REQUESTED
		ADMIT , evaluate, diagnose and provide treatment or consultative services solely to patients presenting with infectious or immunologic conditions or diseases. These privileges do not include the privilege to admit patients with general Internal Medicine or Family Practice diseases.
CORE INFECTIOUS DISEASE PRIVILEGES/AREA OF PRACTICE: All Infectious Disease Physicians are eligible to apply for the following core privileges including consultation and lumbar puncture.		
REQ	APP	PRIVILEGE REQUESTED
		Infectious Disease Core

I have reviewed the above list and have checked the procedures to which I am limiting my practice; and have been trained accordingly. 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 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