

**Please Print Name**

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

**Of the following, indicate particular privileges requested:** Privileges granted herein permit the physician to treat patients without limitation, for all inpatient and outpatient areas, intensive care units, and Emergency Department.

**(REQ=Requested) - (APP=Approved)**

REQ	APP	Privilege Requested:
		ADMIT patients with orthopedic related problems; provide consultation for orthopedic related problems; order diagnostic tests and procedures related to orthopedic problems; and treat patients with orthopedic problems.

**CORE PROCEDURAL PROCEDURES: All Orthopedic Surgeons are eligible to apply for the following core procedures.**

REQ	APP	Privilege Requested:	REQ	APP	Privilege Requested:
<b>FRACTURE TREATMENTS AND PROCEDURES</b>			<b>JOINT RECONSTRUCTION</b>		
		Fractures- Closed Reduction of Simple Displaced Fractures or Dislocation			Total Joint Revisions
		Fractures -Open Reduction - Internal and External Fixation for Fractures			Total Joint Reconstruction
		General Hand Procedures (excluding Hand Surgery Special Procedures listed below)			Tendon Repairs/Transfers
		Amputation (Major & Minor)			
		Bone Grafting	<b>WOUND CARE</b>		
		Bone Biopsy			Wound Debridement
		Implant Removal			Excision and Drainage
		Arthroscopy			Application of skin grafts and skin substitute
		Arthrotomy			

**SPECIAL PROCEDURES -** Requires documentation of appropriate training/expertise. Orthopedic Surgeons with appropriate specialty training/experience are eligible to apply for the following special procedures, provided that specific criteria are met (when applicable).

REQ	APP	Privilege Requested:	REQ	APP	Privilege Requested:
<b>HAND SURGERY</b>			<b>SPINE SURGERY</b>		
		Rheumatoid Reconstruction			Disc Excision
		Microsurgery/Reimplantation			Laminectomy or Laminotomy
		Flaps (Distant)			Percutaneous Disc Procedures
		Malignant Tumors			Arthroscopic Disc Excision
		Tendon Transfers			Anterior/Posterior Spinal Fusions
					Disc Arthroplasty

**OTHER**

		Laser
		Conscious Sedation

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.

<b>Applicant's Signature:</b>	<b>Date:</b>
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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.

<b>Signature: Surgery Department Chairman/Vice Chairman</b>	<b>Date:</b>
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Date: \_\_\_\_\_  
Credentials approval

Date: \_\_\_\_\_  
Medical Executive approval

Date: \_\_\_\_\_  
Board of Directors approval

**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 Orthopedic Surgery reflective of the scope of privileges requested for the past 24 months.

**SPECIAL PROCEDURES**

**CRITERIA FOR HAND SURGERY**

Criteria to apply for Hand Surgery privileges (excluding Hand Microsurgery/Reimplantation):

Documentation of successful completion of a Hand Surgery Training Fellowship or training program approved by the Accreditation Council for Graduate Medical Education or equivalent program with a letter from the program director confirming training and experience.

Or

Applicants out of training over 2 years must provide documentation of experience, including dates and numbers of procedures, at the discretion of the Surgery Committee.

**MICROSURGERY / REIMPLANTATION**

Applicants requesting these privileges must provide documentation showing successful completion of a microvascular fellowship or equivalent, to include training and experience in hand surgery.

**CRITERIA FOR SPINE SURGERY**

Criteria to apply for Spine Surgery privileges:

Documentation of completion of an accepted one-year Orthopedic Spine Fellowship or equivalent spine training with a letter from the program director confirming training and experience.

OR

Applicants out of training over 2 years must provide documentation of experience, including dates and number of procedures, at the discretion of the Surgery Committee.

**LASER PRIVILIGES**

Current proficiency and knowledge of laser procedures.

- a. Laser surgery course with content consistent with the privileges being requested; or
- b. Letter from a residency director documenting adequate training for the privileges being requested; or
- c. Letter of explanation which requests that these privileges be granted without the above requirements being met.

## **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