



Department of Surgery
PATHOLOGY
 Delineation of Privileges

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

CORE PRIVILEGES: All Pathologists are eligible to apply for the following core procedures. Criteria for granting privileges is attached.

REQ	APP	Privileges Requested:
		ANATOMIC PATHOLOGY PRIVILEGES - To include; Gross and microscopic interpretation of surgical pathology specimens, frozen sections, and cytopathology specimens, molecular pathology and post mortem examination.
		CLINICAL PATHOLOGY PRIVILEGES - To include; hematology and coagulation, blood bank and immunohematology, microbiology, serology, molecular pathology, clinical chemistry, clinical microscopy and interpretation of bone marrow aspiration and/or biopsy.

SPECIAL PROCEDURES: Pathologists with appropriate specialty training/experience are eligible to apply for the following special procedures, provided that specific criteria are met.

REQ	APP	Privilege Requested:
		Performance of bone marrow aspiration and/or biopsy.

I have reviewed the above list and have checked the procedures to which I am limiting my practice; and having been trained accordingly, I am requesting permission to do these procedures. By my signature below, I certify that my malpractice insurance will cover, to the dollar limits required by the Medical Staff Bylaws, 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: Surgery Department Chairman/Vice Chairman 	Date:
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Date: _____
 Credentials approval

Date: _____
 Medical Executive approval

Date: _____
 Board of Directors approval

PATHOLOGY
Criteria for Granting Privileges

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 Pathology reflective of the scope of privileges requested for the past 24 months.

SPECIAL PROCEDURES

BONE MARROW ASPIRATION AND/OR BIOPSY

1. A Board eligible or certified physician in Pathology
2. **Training:**
Specialized training during formal Pathology Residency Program, with procedural logs submitted.