

DEPARTMENT OF PEDIATRICS
Delineation of Privileges

Please Print Name

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

OF THE FOLLOWING, INDICATE PARTICULAR PRIVILEGES REQUESTED: Privileges granted herein permit the surgeon to treat patients without limitation, for all inpatient and outpatient areas, intensive care units, and Emergency Department.

(REQ=Requested) - (APP=Approved)

CORE PRIVILEGES: All Pediatricians are eligible to apply for the following core procedures. A letter from the residency program director confirming training/experience in procedures requested for all new applicants who have recently (within the past 5 years) completed training. Applicants out of training over 5 years must provide documentation of training and recent experience.

I. PEDIATRIC CARE PRIVILEGES - (Please select ONE category)

REQ	APP	Privilege Requested:
		Category 1: Complex or severe illness or potentially life-threatening problems usually requiring skills acquired during pediatric training sufficient for Board Certification or Eligibility
		Category 2: Illness or problem requiring expertise acquired only during subspecialty training or similar experience.

II. NEONATAL CARE PRIVILEGES - (Please select ONE category)

REQ	APP	Privilege Requested:
		Category 1: Care of well newborns with non-life-threatening illness.
		Category 2: Care of preterm or low birth weight infants with non-life-threatening illness.
		Category 3: Care of all newborn infants, including those with potentially life-threatening illness, including advance life support aspects.

SPECIAL PROCEDURES: Pediatricians with appropriate specialty training/experience are eligible to apply for the following special procedures, provided that specific criteria are met (when applicable). Please submit documentation of training, experience and current practice utilization for these procedures.

***Neonatal circumcision, Bladder tap and Lumbar puncture are automatically granted.**

REQ	APP	Privilege Requested:
		Intubation (Attach Neonatal Resuscitation Card)
		Umbilical catheterization
		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.

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: Department of Pediatrics Chairman/Vice Chairman	Date:
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Date: _____ Date: _____ Date: _____
Executive Committee - DV Executive Committee - NM Board of Directors