

DEPARTMENT OF PEDIATRICS
PEDIATRICIAN
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.

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

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 Pediatric Physicians shall admit, evaluate, diagnose and provide treatment or consultative services to pediatric patients from birth to adulthood with acute and chronic diseases including major complicated illnesses. All Pediatricians are expected to request consultation for cases in which doubt exists as to the diagnosis, where expected improvement is not soon apparent and when specialized therapeutic or diagnostic techniques are indicated. Please see attached criteria for initial applicants and re-applicants.

REQ	APP	Privilege Requested:
		Hospitalist Privileges
		Pediatric Privileges

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.

REQ	APP	Privilege Requested:
		Intubation (Attach PALS Card)
		Umbilical catheterization
		Circumcision of newborn infant
		Procedural Sedation *** (See criteria on website)

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