

**JOHN C. LINCOLN NORTH MOUNTAIN HOSPITAL
DEPARTMENT OF MEDICINE
DERMATOLOGY
Delineation of Privileges**

PHYSICIAN 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 Dermatology for the past 24 months reflective of the scope of privileges.

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

REQ=Requested APP=Approved

STAFF CATEGORY: All Dermatologists are eligible to apply for one of the following categories. Please see requirements as listed below and select appropriate Category. **CHOOSE ONE CATEGORY BELOW:**

1. Affiliate (No Admitting Privileges)
2. Admitting

REQ	APP	(Please select ONE category)
		AFFILIATE: Affiliate Staff Members shall consist of physicians who do not admit or manage patients in the Hospital but who diagnose or treat patients who use the Hospital.
		ADMITTING: Admit, evaluate, diagnose and provide treatment or consultative services solely to patients presenting with illnesses or injuries of the integumentary system. These privileges do not include the privilege to admit patients with general Internal Medicine or Family Practice diseases.

CORE DERMATOLOGY PRIVILEGES/AREA OF PRACTICE: All Dermatologists with **ADMITTING** privileges are eligible to apply for the following core privileges including consultation and treatment of skin cancers, melanomas, moles and other tumors of the skin, the performance of simple excision and repair, skin and nail biopsy, chemosurgery, topical chemosurgery, cryosurgery, electrosurgery, minor cutaneous surgery including biopsy, patch and photo patch testing.

REQ	APP	PRIVILEGE REQUESTED
		Dermatology Core Privileges

- 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 meets or exceeds the limits required by the Board of Directors.

Applicant's Signature:		Date	
APPROVALS:			
SIGNATURE: Department Chairman/Designee			Date
Executive Committee	Date	Board of Directors	Date

APPROVED: DATE