

JOHN C. LINCOLN NORTH MOUNTAIN HOSPITAL
DEPARTMENT OF MEDICINE
HEMATOLOGY AND ONCOLOGY
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 Hematology/Oncology for the past 24 months reflective of the scope of privileges requested.

OF THE FOLLOWING, INDICATE PARTICULAR PRIVILEGES REQUESTED: Privileges granted will permit the physician to treat patients for all inpatient and outpatient areas, intensive care units, and Emergency Department.

(REQ=Requested) - (APP=Approved)

REQ	APP	Privilege Requested			
		ADMIT, evaluate, diagnose and provide treatment or consultative services solely to patients presenting with cancer, illnesses and disorders with neoplastic or solid tumors, hematologic blood disorders and/or disorders of the blood and blood-forming tissues. These privileges do not include the privilege to admit patients with general Internal Medicine or Family Practice diseases.			
HEMATOLOGY/ONCOLOGY PRIVILEGES/AREA OF PRACTICE: Hematologist/Oncologists are eligible to perform or to apply for the following core procedures including administration of chemotherapy agents and biological response modifiers through all therapeutic routes, the management and care of indwelling venous access catheters, plasmapheresis, lymph node aspiration, therapeutic thoracentesis and paracentesis.					
REQ	APP	PRIVILEGE REQUESTED			
		Hematology/Oncology Core Privileges			
HEMATOLOGY/ONCOLOGY SPECIAL PROCEDURES: Physicians requesting Bone Marrow privileges will provide documentation of successful completion of an approved and recognized course or acceptable training in residency, fellowship or other acceptable experience to demonstrate competency.					
REQ	APP	PRIVILEGE REQUESTED	REQ	APP	PRIVILEGE REQUESTED
		Bone Marrow Aspiration			Bone Marrow Biopsy
		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 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