

JOHN C. LINCOLN NORTH MOUNTAIN HOSPITAL
DEPARTMENT OF MEDICINE
NEPHROLOGY
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 Nephrology for the past 24 months reflective of the scope of privileges requested.

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

REQ	APP	PRIVILEGE REQUESTED
		ADMIT , evaluate, diagnose and provide treatment or consultative services solely to patients presenting with illnesses or injuries or disorders of the kidneys. These privileges do not include the privilege to admit patients with general Internal Medicine or Family Practice diseases.
CORE NEPHROLOGY PRIVILEGES/AREA Of PRACTICE: All Nephrologists are eligible to apply for the following core privileges including acute and chronic Hemodialysis, Plasmapheresis and Peritoneal dialysis, placement and removal of temporary vascular access for Hemodialysis and related procedures.		
REQ	APP	PRIVILEGE REQUESTED
		Nephrology 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