
Applicant Name

St. Elizabeth Healthcare
Dermatology

Minimum Requirements

Degree required: MD or DO

Successful completion of ACGME or AOA approved residency training program in dermatology

Note: Members who first apply for membership after March 2, 2009 must be and remain (with a lapse of no longer than one year) board certified in dermatology, or become and remain (with a lapse of no longer than one year) board certified within six years of completion of their post-graduate medical training. Only those boards recognized by the American Board of Medical Specialties or the American Osteopathic Association are acceptable. This board certification requirement does not apply to applicants who on March 2, 2009 were members in good standing on the medical staff of the St. Luke Hospitals or St. Elizabeth Medical Center.

Privileges Requested

I. Core Privileges: Core privileges in dermatology include the care, treatment or services listed immediately below. I specifically acknowledge that board certification alone does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

<u>Request</u>	<u>Description of Privilege</u>
_____	Admit patients and perform histories and physicals
_____	Perform comprehensive examination, consultation diagnosis and treatment of diseases of the skin, hair and nails including dermatitis, acne, verrucae, superficial and deep fungal infections, cutaneous infections and infestations, drug eruptions, contact dermatitis, common dermatoses, venereal diseases, skin cancers and tumors and cutaneous manifestations of internal disease
_____	Diagnostic testing, including KOH exam, gram stain, Wood's light exam, Tzanck test, scabies prep and patch testing.

_____ Performance of procedures, including punch biopsy, shave biopsy and excision, excision of benign or malignant skin lesions and adjacent mucosa, including simple repair

Applicant Signature

Date

Applicant Printed Name

_____ Approved

_____ Disapproved

Chair, Section of _____

Date:

Remarks: