
Applicant Name

St. Elizabeth Healthcare
Internal Medicine

Minimum Requirements

Degree required: MD or DO

Successful completion of ACGME or AOA approved residency training program in internal medicine

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 internal medicine, 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 internal medicine 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.

Request

Description of Privilege

- | | |
|-------|---|
| _____ | Admit patients, perform histories and physicals, provide consultations and perform the daily workup and management of disease in adult patients. This includes management of patients in the intensive care units, preliminary ECG interpretation, blood transfusion, emergency cardioversion, emergency intubation, CPAP management, local anesthesia use, foley catheter insertion, incision and drainage of abscesses and furuncles and the suture of wounds |
| _____ | Moderate Sedation (requires proof of (a) board certification in Anesthesiology, Cardiology, Intensive Care, Pulmonology or Emergency Medicine or (b) current ACLS Certification or (c) satisfactory completion of the ASA Moderate Sedation |

course).

_____ Refer patients to the care of a hospitalist or other appropriately privileged Member and follow the progress of such patients through discharge. Refer and follow privileges include visiting the patient and reviewing medical chart contents. Refer and follow privileges alone *do not* include the ability to admit patients, write orders, make medical chart entries or otherwise engage in any form of active medical management.

II. **Additional Privileges:** In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must provide documentation (fellowship completion, training course certification, letter from program director or department chair at primary hospital, etc.) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. 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. Competency is defined as actively participating as the primary operator for each procedure.

<u>Request</u>	<u>Description of Privileges</u>
_____	Thoracentesis
_____	Central Vein Cannulation
_____	Paracentesis
_____	Lumbar Puncture
_____	Joint Aspiration/Injection
_____	Bone Marrow Aspiration
_____	Arterial Puncture for Blood Gases and Cannulation
_____	Swan Ganz Catheter Placement
_____	Sigmoidoscopy
_____	Mechanical ventilator management
_____	Non-invasive positive pressure ventilation

Applicant Signature

Date

Applicant Printed Name

_____ Approved

_____ Disapproved

Chair, Section of _____

Date:

Remarks: