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Applicant Name

**St. Elizabeth Healthcare**  
**Nephrology**

**Minimum Requirements**

Degree required: MD or DO

Successful completion of an ACGME/AOA accredited residency training program in internal medicine and an approved two-year fellowship training program in nephrology.

**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 nephrology 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 nephrology 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.

<b><u>Request</u></b>	<b><u>Description of Privilege</u></b>
_____	Moderate Sedation (requires proof of (a) board certification in Anesthesiology, Cardiology, Critical Care, Pulmonology or Emergency Medicine <i>or</i> (b) current ACLS Certification <i>or</i> (c) satisfactory completion of the ASA Moderate Sedation course
_____	Admit patients; perform histories and physicals; evaluate, diagnose, consult and provide care to patients presenting with illnesses and disorders of the kidney and high blood pressure and for fluid and mineral balance and dialysis of body wastes, as well as to assess, stabilize. Privileges include, but are not limited to acute and chronic hemodialysis; continuous renal replacement therapy; percutaneous biopsy of autologous and/or transplanted kidneys; peritoneal dialysis; placement of temporary vascular access for hemodialysis and related

procedures.

**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 meet all “Additional Requirements” listed for each privilege below and 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.

<u>Request</u>	<u>Description of Privilege</u>
_____	Medical management of kidney transplantation, including evaluation of recipients/donors, diagnosis and treatment of rejection, and diagnosis and treatment of disorders of transplant function.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_ Approved

\_\_\_\_\_ Disapproved

\_\_\_\_\_  
Chair, Section of \_\_\_\_\_

Date:

Remarks: