
Applicant Name

St. Elizabeth Healthcare
Pain Management

Minimum Requirements

Degree required: MD or DO

Successful completion of an ACGME or AOA-accredited medical specialty training program followed by completion of an ACGME-accredited training program in pain 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 their principal practice specialty, 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 pain management 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>
_____	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 and perform interventional and medical pain medicine treatments which include neurolytic techniques and implantable technology; prescribe medication; develop rehabilitative treatments; direct a multidisciplinary team; coordinate care with other health care providers; provide consultative services to other physicians as well as to public and private agencies; and counsel patients and

families

_____ Celiac ganglion blocks; cervical epidural steroid injections; local anesthetic infusion (IV); lumbar epidural steroid injection; lumbar sympathetic blocks; nerve block of face (trigeminal neuralgia); para vertebral blocks; placement of epidural catheter in subcutaneous tissue; selective nerve root blocks; stellate ganglion blocks; thoracic epidural steroid injections; diagnostic/therapeutic lumbar disc 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 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.

Request Description of Privilege

_____ Thoracic lumbar vertebroplasty

_____ Thoracic lumbar kyphoplasty

Applicant Signature

Date

Applicant Printed Name

Approved

Disapproved

Chair, Section of _____

Date:

Remarks: