
Applicant Name

St. Elizabeth Healthcare
Podiatry

Minimum Requirements

Degree required: DPM

For Applicants Who Held Surgical Podiatry Privileges at St. Elizabeth or St. Luke On or Before 3/2/09: Successful completion of a residency or preceptorship accredited by the Council on Podiatric Medical Education (CPME)

For Applicants Who Held Non-Surgical Podiatry Privileges at St. Elizabeth or St. Luke On or Before 3/2/09: Kentucky license to practice podiatry

For Applicants Who First Apply to St. Elizabeth Healthcare for Surgical Podiatric Privileges After 3/2/09:

- a. Successful completion of a 2-year podiatric residency accredited by the CPME and
- b. 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 certifications recognized by the American Board of Podiatry Surgery (ABPS) or The American Board of Podiatric Orthopedics and Primary Podiatric Medicine (ABPOPPM) 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 podiatry 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

<hr/>	Co-admit patients, perform that portion of histories and physicals pertaining to podiatry and provide podiatric work-up; consultative services, non-surgical; co-discharge of
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patients; write drug prescriptions for podiatric patient care; wound care, lower extremity; debridement of ulcers; postoperative care/lower extremity; palliative care and debridement of toenails and pedal keratoses; pedal dermal biopsy; excision of skin lesions; toenail avulsion; toenail matrixectomy; incision and drainage, lower extremity; removal of superficial foreign body; primary closure of superficial wounds or skin; pedal anesthesia (topical, local, field, regional blocks); order and interpret diagnostic tests related to podiatric patient care; prescribe and/or apply foot appliances, orthotics, braces, footwear.

_____ Moderate Sedation (requires proof of (a) board certification in Anesthesiology, Cardiology, Critical Care, Pulmonology or Emergency Medicine *or* (b) current ACLS Certification *or* (c) satisfactory completion of the ASA Moderate Sedation course).

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>	<u>Additional Requirements</u>
_____	Digital Procedures: Exostectomy; phalangectomy; condylectomy; joint fusion; arthroplasty (with or without implant); amputation, partial or total; onychoplasty; syndactylization; desyndactylization/ revision of polydactyly	St. Elizabeth or St. Luke surgical podiatry privileges on or before 3/2/09 <u>or</u> podiatric residency
_____	Metatarsal Procedures: Bunionectomy/bunion repair, with or without osteotomy; metatarsal osteotomy &	St. Elizabeth or St. Luke surgical

<p>exostectomy; arthroplasties of forefoot, with/without implant; fusions at metatarsophalanged joints; fusions at Lisfrank joint; metatarsal head excision; ray resection; transverse metatarsal amputation</p>	<p>podiatry privileges on or before 3/2/09 <u>or</u> podiatric residency</p>
<hr style="width: 100%;"/> <p>Midfoot/Rearfoot/Ankle (including plantar & posterior calcaneal spur and Hohlund's deformity): neurolysis; tarsal tunnel release; plantar fasciotomy with/without excision of calcaneal spur; plantar fasciotomy, partial or full; tarsal coalition repair; subtotal joint arthroeresis, with/without implant; tendoachilles lengthening; gastrocnemius recession; arthrocentesis/aspiration: midfoot, rearfoot, ankle joint; Chopart joint amputation, partial calcaneotomy</p>	<p>St. Elizabeth or St. Luke surgical podiatry privileges on or before 3/2/09 <u>or</u> podiatric residency</p>
<hr style="width: 100%;"/> <p>Anywhere on Foot/Ankle: tendon transfer, lengthening, repair, plasty, or tendesis; tenotomy & capsulotomy; sesamoidectomy; skin plasty; excision of bone and soft tissue cysts, tumors, masses, neuromas, fibromas, biopsy, open/closed reduction of fracture (excluding calcaneous & ankle above tibial plafond); excision of foreign body, deep; skin grafts; treatment of deep wound infections and abscesses, osteomyelitis; soft tissue flaps (superficial, subcutaneous & deep) for wound closure.</p>	<p>St. Elizabeth or St. Luke surgical podiatry privileges on or before 3/2/09 <u>or</u> podiatric residency</p>
<hr style="width: 100%;"/> <p>Rearfoot & ankle arthrodesis, fusion procedure; ankle stabilization procedures; ankle joint implants; open/closed reduction of calcaneal fracture of ankle joint fracture above tibial plafond.</p>	<p>St. Elizabeth or St. Luke surgical podiatry privileges on or before 3/2/09 <u>or</u> board certification in reconstructive rearfoot/ankle surgery</p>
<hr style="width: 100%;"/> <p>Extracorporeal shock wave therapy</p>	<p>*</p>

_____ CO2 laser procedures

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* Additional requirements are one of the following:

- (1) Documentation of training during residency or
- (2) CPME-approved training course or
- (3) Documentation of successful proctoring by a Member with these privileges at this
Hospital

Applicant Signature

Date

Applicant Printed Name

_____ Approved

_____ Disapproved

Chair, Section of _____

Date:

Remarks: