
Applicant Name

St. Elizabeth Healthcare
Rheumatology

Minimum Requirements

Degree required: MD or DO

Successful completion of ACGME or AOA approved residency training program in internal medicine and a two-year accredited rheumatology fellowship including at least 12 months of clinical practice

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 rheumatology 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 and provide comprehensive examination, consultation, evaluation, diagnosis, treatment and management of rheumatologic diseases and disorders including rheumatoid arthritis; systemic lupus erythematosus; scleroderma/systemic sclerosis; polymyositis; spondyloarthropathies; vasculitis; crystal-induced synovitis; osteoarthritis; regional musculoskeletal pain syndrome, as well as acute and chronic musculoskeletal pain syndromes; nonarticular rheumatic diseases, including fibromyalgia; nonsurgical exercise-related (i.e., sports) injury; systemic diseases with rheumatic manifestations; metabolic diseases of bone; osteoporosis; infection of joints and soft tissues; Sjogren's syndrome; examination of patients,

including a specific examination of structure and function of all joints, both axial and peripheral, as well as periarticular structure and muscle units; diagnostic aspiration and analysis by light and compensated polarized light microscopy of synovial fluid; therapeutic injection of diarthrodial joints, bursae, tenosynovial structures, and enthuses; use of nonsteroidal anti-inflammatory drugs, disease-modifying drugs, biologic response modifiers, glucocorticoids, cytotoxic drugs, antihyperuricemic drugs, and antibiotic therapy for septic joints

_____ 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).

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.

<u>Request</u>	<u>Description of Privilege</u>
_____	Electromyogram
_____	Epidural steroid injection
_____	Diagnostic ultrasound

Applicant Signature

Date

Applicant Printed Name

_____ Approved

_____ Disapproved

Chair, Section of _____

Date:

Remarks: