

DEPARTMENT: <u>MEDICINE</u>

Clinical Privileges in **Dermatology**

SECTION: <u>DERMATOLOGY</u>

N	ame: _						
.,		please	print)				
Qual	lificati	ions: l	EDUC.	ATION / TRAINING / EXPERIE	<u>ENCE</u>		
he A Derm base	merica atolog	n Oste y that o	eopathi qualifie	c Board of Dermatology; OR Suc s for Board Certification. Board ce	rrent certification in Dermatology by cessful completion of an accredited ertification maybe required within five t a listing of all major operative or inv	residency /fellowship training e years of appointment to me	program in dical staff
					PRIVILEGING		
ndica	ted bel	ow. Ap	plicant:		n for Appointment/Reappointment to the he (R) column for each privilege reques the past 24 months.		
(R)=F	Reques	sted (A) =Rec	ommended as Reguested (C) = F	Recommended with Conditions (N) =	Not Recommended	
Vote:	If rec	omme	, ndation	. ,	condition, modification or not recom		on and
For	office u	ise onl	y) Init	ial Renewal Et	ffective// to//	_	
(R)	(A)	(C)	(N)	CATEGORY	Y I: DERMATOLOGY CORE PRIVI	ILEGES	Department Chair Initials
				with illnesses or injuries of the ir hair, nails, and cutaneous gland excision and repair, skin and na electrolysis, and collagen injecti	nit, evaluate, diagnose, consult and provide non-surgical therapy to patients injuries of the integumentary system (epidermis, dermis, subcutaneous tissue, utaneous glands) including consultation and the performance of simple air, skin and nail biopsy, scalp surgery, skin grafting, sclerotherapy, collagen injections, except as specifically excluded from practice and except ed procedure privileges listed below.		
	Newborn & infants to 2 years						
			Children 2 years to 14 years				
Adolescents 14 to 18 years							
				Adults 18 years and greater			
CATEGORY II: DERMATOLOGY SPECIAL PRIVILEGES Must meet the requirements outlined for Category I AND demonstrate proof of additional training, clinica and/or experience, with documentation of such additional qualifications.						onal training, clinical competence	Department
(R)	(A)	(C)	(N)	Privilege Requested	Required Previous Experience	Reappointment Criteria	Chair Initials
				Administration of Moderate	For initial clinical privilege request, physicians must read the Moderate Sedation Self Directed Learning Activity, take and pass a post test with a passing score of 80% or		
				Sedation	better and documentation current		

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ACLS certification or document successful demonstration of airway management, oral airway insertion and ambu bag usage.

Sedation



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DEPARTME	ENT: <u>MEDICINE</u>	SECTION : <u>DERMATOLOGY</u>
Name:		
(please print)		

				CATEGORY II: DERMATOLOGY SPECIAL PRIVILEGES Must meet the requirements outlined for Category I AND demonstrate proof of additional training, clinical competence and/or experience, with documentation of such additional qualifications.				
(R)	(A)	(C)	(N)	Privilege Requested	Required Previous Experience	Reappointment Criteria	Chair Initials	

PRIVILEGE CRITERION

Provisional Privileges: Provisional privileges, during the first 6 months of practice of the procedure at Presbyterian Hospital of Rockwall, are conferred to facilitate the pursuit of full anesthesiology privileges at Presbyterian Hospital of Rockwall. With this classification, it is appropriate for the physician to assist in cases and complete any proctoring requirements to meet full privilege requirements for Presbyterian Hospital of Rockwall].

Special procedures: Unless otherwise set out in this document, successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable experience; and documentation of competence to obtain and retain clinical privileges as set forth in medical staff policies governing the exercise of specific privileges.

Use of Laser: Completion of an approved 6 hour minimum CME course which includes training in laser principles of safety, basic laser physics, laser tissue interaction, discussions of the clinical specialty field and hands-on experience with lasers. A letter outlining the content and successful completion of course must be submitted, or documentation of successful completion of an approved residency in a specialty or subspecialty which included training in laser principles and safety, basic laser physics, laser tissue interaction, discussions of the clinical specialty fields and a minimum of 4 hours didactic and 2 hours hands-on experience with lasers.

Moderate Sedation: For initial clinical privilege request, physicians must read the Moderate Sedation Self Directed Learning Activity, take and pass a post test with a passing score of 80% or better and documentation current ACLS certification or document successful demonstration of airway management, oral airway insertion and ambu bag usage.

Observation / Proctoring Requirements: Guidelines, scheduling, payment and approval process for the proctoring programs are defined in the Medical Staff policy.

Reappointment Requirements: Current demonstrated competence and an adequate volume of current experience with acceptable results in the privileges requested for the past 24 months based on results of quality assessment/improvement activities and outcomes. Practice will be monitored for the first 12 months as per JCAHO guidelines.

Continuing Medical Education: In compliance with JCAHO standard, the physician must participate in continuing medical education (CME) as per state licensure regulations, outlined by the medical staff by-laws rules and regulations.

Participation in Societies: Active participation in societies related to this field is also strongly recommended.

Note: If any privileges are covered by an exclusive contractual agreement, physicians who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training and experience.

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Clinical Privileges in **Dermatology**

DEPARTMENT: MEDICINE SECTION: DERMATOLOGY Name: (please print) ACKNOWLEDGEMENT OF PRACTITIONER I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Presbyterian Hospital of Rockwall, and I understand that: a) In exercising any clinical privileges granted, I am constrained by any Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation and agree to be proctored. b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents. I do attest that I have participated in continuing medical education activities related to the privileges I have requested. Applicant Name - Printed Signature DEPARTMENT CHAIRMAN RECOMMENDATION I have reviewed the requested clinical privileges, as well as the appointment / reappointment application, performance improvement profile, and other pertinent appointment / reappointment information. Based on my review I propose the following: ☐ Recommend □ Recommend with Conditions ☐ Not Recommended ☐ Deferred for Committee Discussion Comments: **Department Chairman Signature ACCEPTANCE AND APPROVAL Credentials Chairman Signature President of Medical Staff Signature** Date

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