



Privileges in SHC - Allergy/Immunology/Rheumatology Service

Name:

Instructions:

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. **Uncheck** any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.

Required Qualifications

Education/Training

Successful completion of an ACGME or AOA-accredited residency/fellowship in allergy/immunology or rheumatology or foreign equivalent training.

AND

Current certification or active participation in the examination process leading to certification in allergy/immunology or rheumatology by the American Board of Internal Medicine, the American Osteopathic Board of Internal Medicine or American Board of Allergy and Immunology, American Osteopathic Board of Allergy and Immunology or foreign equivalent training/board.

AND

Documentation or attestation of the management of at least 22 inpatients or outpatients with allergy/immunologic or rheumatology problems, as the attending physician (or fellow), at an accredited facility, during the past two years.

FPPE

FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

Provide care on LPCH patients in specific areas of SHC

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	Additional Request	
	ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit - requires Active or Courtesy Status at LPCH	

Core Privileges

Qualifications	
Renewal Criteria	Minimum of 22 cases required during the past two years for Active status Maintain current certification or active participation in the examination process leading to certification in immunology or rheumatology by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or by the American Board of Allergy and Immunology or American Osteopathic Board of Allergy and Immunology or foreign equivalent training/board

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	Privileges included in the Core:	
	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide non-surgical treatment to adult patients presenting with allergic, inflammatory, rheumatologic and immunologic disorders and suspected conditions	
	Diagnostic aspiration of synovial fluid from diarthrodial joints, bursae, and tenosynovial structures (Rheumatology only)	
	Therapeutic injection of diarthrodial joints, bursae, tenosynovial structures and entheses, and arthrocentesis	
	Administration and interpretation of allergic skin testing (Allergy Immunology only)	
	Preparation of extracts for immunotherapy (Allergy Immunology only)	
	Administration of subcutaneous and sublingual immunotherapy	
	Oral and IV medication challenge and desensitization (Allergy Immunology only)	
	Food challenge (Allergy Immunology only)	

FPPE

Core

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief Rec
	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics [CRITERIA - Teaching appointment through Stanford School of Medicine required.]	
	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger [CRITERIA - Membership and privileges at LPCH]	
	Joint lavage (Rheumatology only) [CRITERIA - Initial - Rheumatology Fellowship. Renewal - Minimum 1 case required during the past 2 years.]	
	Central Venous Catheter Insertion (CVC) [CRITERIA - Must complete "Getting to Zero" educational module. Minimum 10 cases done in the past two years. Case log required - Initial only.]	

FPPE

- Joint lavage
- Central Venous Catheter Insertion (CVC)

Acknowledgment of Applicant

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise at Stanford Hospital & Clinics. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

I understand that in exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this privilege request _____ Date _____

Service Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

[applicant]

Privilege	Condition/Modification/Deletion/Explanation

Service Chief Recommendation - Proctoring Requirements

Service Chief/Designee - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request

Date