



## Privileges in Dermatology Service

# SAMPLE

### Required Qualifications

#### Education/Training

Successful completion of an ACGME or AOA accredited Residency in Dermatology or foreign equivalent training.

**AND**

Current certification or active participation in the examination process leading to certification in Dermatology by the American Board of Dermatology or in Dermatology by the American Osteopathic Board of Dermatology or foreign equivalent training/board.

**AND**

Documentation or attestation of the management of dermatologic problems for at least 100 inpatients or outpatients as the attending physician (or senior resident/fellow) during the past two years.

#### Additional Credentialing Criteria (Initial and Reappointment)

In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years

Teaching appointment to work in SHC outpatient clinics

Membership and privileges at LPCH to admit, treat patients 14 years old and younger

#### Clinical Experience (Initial) .

**Staged flaps;** Procedural Derm Fellowship  
**Liposuction;Blepharoplasty**  
**Upper/Lower; Canthopexy;**  
**Brow lift; Soft Tissue**  
**Augmentation Fillers > then**  
**1 year duration; Ablative**  
**Resurfacing Procedures;**  
**Ambulatory Phlebectomy;**  
**Lipotransfer;**  
**Rhytidectomy; Hair**  
**transplant; Neck lift;**  
**Limited Incision**  
**Brachioplasty**

#### MOHS micrographic surgery

Mohs/Procedural Derm Fellowship

**Clinical Experience  
(Reappointment)**

Minimum 50 Core cases required during the past 2 years  
Minimum 6 cases required during the past 2 years - Staged flaps; Liposuction (up to 3 liters); Blepharoplasty Upper/Lower; Canthopexy; Brow lift; Soft Tissue Augmentation Fillers > then 1 year duration; Ablative Resurfacing Procedures; Ambulatory Phlebectomy; Lipotransfer; Rhytidectomy; Hair transplant; Neck lift; Limited Incision Brachioplasty  
Minimum 500 cases required during the past 2 years - MOHS micrographic surgery

**FPPE**

FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS  
5 chart reviews - Core; MOHS micrographic surgery; Liposuction (up to 3 liters)  
3 chart reviews - Staged flaps; Blepharoplasty Upper/Lower; Canthopexy; Brow lift; Soft Tissue Augmentation Fillers > then 1 year duration; Ablative Resurfacing Procedures; Ambulatory Phlebectomy; Lipotransfer; Rhytidectomy; Hair transplant; Neck lift; Limited Incision Brachioplasty

**Provide care on LPCH patients in specific areas of SHC**

Request  <input type="checkbox"/>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
	<b>Additional Request</b>	
<input type="checkbox"/>	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	<input type="checkbox"/>

**Core Privileges**

Request  <input type="checkbox"/>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
	<b>Privileges included in the Core:</b>	
<input type="checkbox"/>	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, provide non-surgical therapy to patients with illnesses or injuries of the integumentary system (epidermis, dermis, subcutaneous tissue, hair, nails and cutaneous glands), including consultation and the performance of:	<input type="checkbox"/>
<input type="checkbox"/>	Allergy and immunodermatology	<input type="checkbox"/>
<input type="checkbox"/>	Clinical pathology	<input type="checkbox"/>
<input type="checkbox"/>	Cutaneous microbiology	<input type="checkbox"/>
<input type="checkbox"/>	Dermatologic surgery including biopsy techniques, cryosurgery, electrosurgery, excisions, surgery with appropriate closures including small flaps and grafts, complex closures, laser surgery, nail surgery, sclerotherapy	<input type="checkbox"/>
<input type="checkbox"/>	Dermatopathology	<input type="checkbox"/>
<input type="checkbox"/>	Phototherapy and photochemotherapy	<input type="checkbox"/>
<input type="checkbox"/>	Radiotherapy	<input type="checkbox"/>
<input type="checkbox"/>	Microscopy - fluorescence, electron, cytological	<input type="checkbox"/>
<input type="checkbox"/>	Botox lower face/neck/axilla/hands	<input type="checkbox"/>
<input type="checkbox"/>	Botox injections upper face	<input type="checkbox"/>
<input type="checkbox"/>	Soft Tissue Augmentation Fillers < then 1 year duration	<input type="checkbox"/>
<input type="checkbox"/>	Laser surgery/therapy	<input type="checkbox"/>
<input type="checkbox"/>	Chemical Peels	<input type="checkbox"/>

**Special Privileges**

**Description:** Must also meet Required Qualifications for Core Privileges

Request  <input type="checkbox"/>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
<input type="checkbox"/>	Administration of Sedation	<input type="checkbox"/>
<input type="checkbox"/>	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics	<input type="checkbox"/>
<input type="checkbox"/>	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger	<input type="checkbox"/>
<input type="checkbox"/>	Staged flaps	<input type="checkbox"/>
<input type="checkbox"/>	MOHS micrographic surgery	<input type="checkbox"/>
<input type="checkbox"/>	Liposuction (up to 3 liters)	<input type="checkbox"/>
<input type="checkbox"/>	Blepharoplasty Upper/Lower	<input type="checkbox"/>
<input type="checkbox"/>	Canthopexy	<input type="checkbox"/>
<input type="checkbox"/>	Brow lift	<input type="checkbox"/>
<input type="checkbox"/>	Soft Tissue Augmentation Fillers > then 1 year duration	<input type="checkbox"/>
<input type="checkbox"/>	Ablative Resurfacing Procedures	<input type="checkbox"/>
<input type="checkbox"/>	Ambulatory Phlebectomy	<input type="checkbox"/>
<input type="checkbox"/>	Lipotransfer	<input type="checkbox"/>
<input type="checkbox"/>	Rhytidectomy	<input type="checkbox"/>
<input type="checkbox"/>	Hair transplant	<input type="checkbox"/>
<input type="checkbox"/>	Neck lift	<input type="checkbox"/>
<input type="checkbox"/>	Limited Incision Brachioplasty	<input type="checkbox"/>