



## Privileges in Hematology 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 fellowship in hematology or foreign equivalent training.

**AND**

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

**AND**

Documentation or attestation of the management of hematologic problems for at least 50 Core inpatients or outpatients during the past two years.

##### FPPE

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

5 chart reviews - Core; Administration of Moderate Sedation

3 chart reviews - Central Venous Catheter Insertion

**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, and provide treatment or consultative services to patients presenting with illnesses and disorders of the blood and blood-forming tissues.	<input type="checkbox"/>
<input type="checkbox"/>	The management and care of indwelling venous access catheters	<input type="checkbox"/>
<input type="checkbox"/>	Plasmapheresis	<input type="checkbox"/>
<input type="checkbox"/>	Therapeutic phlebotomy	<input type="checkbox"/>
<input type="checkbox"/>	Ommaya reservoir tap and/or installation of chemotherapy	<input type="checkbox"/>
<input type="checkbox"/>	Bone marrow aspirations and biopsy	<input type="checkbox"/>
<input type="checkbox"/>	Lumbar Puncture	<input type="checkbox"/>

**Qualifications**

**Renewal Criteria**      Minimum 50 cases required during the past 2 years  
 Maintain current certification or active participation in the examination process leading to certification in hematology by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine or foreign equivalent training/board.

**Special Privileges**

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

Request	<i><b>Request all privileges listed below.</b></i> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Administration of Sedation [CRITERIA - In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years]	<input type="checkbox"/>
<input type="checkbox"/>	Use of fluoroscopy equipment (or supervision of other staff using the equipment) [CRITERIA - Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required]	<input type="checkbox"/>
<input type="checkbox"/>	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics [CRITERIA - Teaching appointment through Stanford School of Medicine required.]	<input type="checkbox"/>
<input type="checkbox"/>	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger [CRITERIA - Membership and privileges at LPCH]	<input type="checkbox"/>
<input type="checkbox"/>	Central Venous Catheter Insertion [CRITERIA - Complete "Getting to Zero" educational module. Minimum 10 cases done in the past two years. Case log required - Initial only]	<input type="checkbox"/>

**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