



## 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  <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**

**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  <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 non-surgical treatment to adult patients presenting with allergic, inflammatory, rheumatologic and immunologic disorders and suspected conditions	<input type="checkbox"/>
<input type="checkbox"/>	Diagnostic aspiration of synovial fluid from diarthrodial joints, bursae, and tenosynovial structures (Rheumatology only)	<input type="checkbox"/>
<input type="checkbox"/>	Therapeutic injection of diarthrodial joints, bursae, tenosynovial structures and entheses, and arthrocentesis	<input type="checkbox"/>
<input type="checkbox"/>	Administration and interpretation of allergic skin testing (Allergy Immunology only)	<input type="checkbox"/>
<input type="checkbox"/>	Preparation of extracts for immunotherapy (Allergy Immunology only)	<input type="checkbox"/>
<input type="checkbox"/>	Administration of subcutaneous and sublingual immunotherapy	<input type="checkbox"/>
<input type="checkbox"/>	Oral and IV medication challenge and desensitization (Allergy Immunology only)	<input type="checkbox"/>
<input type="checkbox"/>	Food challenge (Allergy Immunology only)	<input type="checkbox"/>

**FPPE - Area is managed by Medical Staff Office. Please make NO selections**

Core

## Special Privileges

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

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	<p align="center"><b>Service Chief Rec</b></p>
<input type="checkbox"/>		<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"/>	Joint lavage (Rheumatology only) [CRITERIA - Initial - Rheumatology Fellowship. Renewal - Minimum 1 case required during the past 2 years.]	<input type="checkbox"/>
<input type="checkbox"/>	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.]	<input type="checkbox"/>

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- 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):

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