



Privileges in Endocrinology 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 in Internal Medicine and a fellowship in Endocrinology or foreign equivalent training.

AND

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

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

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 treatment to patients presenting with illnesses, injuries, or disorders of the endocrine or metabolic systems, including diabetes.	

Qualifications

Renewal Criteria Minimum 22 cases required during the past 2 years
 Maintain current certification or active participation in the examination process leading to certification in endocrinology by the American Board of Internal Medicine or in endocrinology by the American Osteopathic Board of Internal Medicine or foreign equivalent training/board.

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
	Administration of Sedation [CRITERIA - In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years]	
	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]	
	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 - Teaching appointment through Stanford School of Medicine required & qualified for LPCH Core privileges.]	
	Needle aspiration of the thyroid [CRITERIA - Initial - Minimum of 10 cases during the past 2 years to demonstrate competence. Renewal - Minimum 3 cases required during the past two years]	
	Bone biopsy [CRITERIA - Initial - Must have done a minimum of 3 cases to demonstrate competence. Renewal - Minimum 3 cases required during the past two years]	
	Central Venous Catheter Insertion [CRITERIA - Must complete "Getting to Zero" educational module and 10 procedures within the previous 2 years - Case log required - Initial only.]	

FPPE

- Administration of Moderate Sedation
- Admit, treat, or provide follow-up care for inpatients ages 14 years or younger
- Needle aspiration of the thyroid
- Bone biopsy
- Central Venous Catheter Insertion

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 _____

[applicant]

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