



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

Provide care on LPCH patients in specific areas of SHC

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
	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	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief Rec
	Privileges included in the Core:	
	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.	
	The management and care of indwelling venous access catheters	
	Plasmapheresis	
	Therapeutic phlebotomy	
	Ommaya reservoir tap and/or installation of chemotherapy	
	Bone marrow aspirations and biopsy	
	Lumbar Puncture	

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.

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.]	
	Bone Marrow Harvest [CRITERIA - Initial - Must have performed 2 within last 2 years. Documentation log required. Approval from the Chair of BMT or designee required. Renewal - Minimum 1 case required in the past two years. Approval from the Chair of BMT or designee required]	
	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]	

FPPE

- Administration of Moderate Sedation (Chart review)
- Bone Marrow Harvest (Direct observation)
- Central Venous Catheter Insertion (Chart review)

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