



## Privileges in Occupational & Environmental Medicine

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 preventive medicine/occupational health, internal medicine, family medicine or foreign equivalent training.

#### AND

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

#### FPPE

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

**Core Privileges**

| Request | <p align="center"><b>Request all privileges listed below.</b><br/> <i>Uncheck any privileges that you do not want to request.</i></p>                                 | Service Chief Rec |
|---------|---|-------------------|
|         | <b>Privileges included in the Core:</b>   |                   |
|         | Privileges to evaluate diagnose, perform history and physical exam, consult, and provide non-surgical treatment to patients presenting with general medical problems. |                   |
|         | Anesthesia, local and digital block   |                   |
|         | Burn treatment, heat or chemical, for the eye/skin  |                   |
|         | Disability evaluations (per American Medical Association guidelines)  |                   |
|         | Electrocardiograph (EKG) interpretation   |                   |
|         | Ergonomic evaluations   |                   |
|         | Eye injuries: infections and superficial foreign body   |                   |
|         | Fitness for duty evaluations  |                   |
|         | Foreign body removal (subcutaneous): ear, skin, and soft tissue   |                   |
|         | Initial stabilization and treatment of fracture/dislocation   |                   |
|         | Independent medical evaluations   |                   |
|         | Injection therapy: epicondyle, tendon sheath, trigger point, and shoulder (subacromial)   |                   |
|         | Interpretation of tests (e.g., spirometry, toxicologic, biological, radiographs, audiograms, industrial, and environmental hygiene sampling results)                  |                   |
|         | Nasal hemorrhage control: cautery and anterior packing  |                   |
|         | Nail injury: removal and trephination   |                   |
|         | Periodic medical evaluations: asbestos, lead, and respirator  |                   |
|         | Plant tours: health risk and exposure evaluations   |                   |
|         | Preplacement evaluations (according to American Disability Act requirements)  |                   |
|         | Proctoscopy   |                   |
|         | Pulmonary function test (baseline) for respirator-only interpretation   |                   |
|         | Slit lamp usage   |                   |
|         | Soft tissue debridement of burns and wounds   |                   |
|         | Toxic exposure evaluations  |                   |
|         | Wound repair and suturing   |                   |

**Qualifications**

|                         |  |
|-------------------------|--|
| <b>Renewal Criteria</b> | <p>Management of minimum 100 Core outpatients required in the past two years. Maintain current certification or active participation in the examination process leading to certification by the American Board of Preventive Medicine, the American Board of Internal Medicine, the American Board of Family Medicine, the American Osteopathic Board of Preventive Medicine, the American Osteopathic Board of Internal Medicine, the American Osteopathic Board of Family Medicine or foreign equivalent training/board.</p> |
|-------------------------|--|

**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.

[applicant]

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 |
|-----------|---|
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**Service Chief Recommendation - Proctoring Requirements**

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Service Chief/Designee - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request \_\_\_\_\_ Date \_\_\_\_\_