



Privileges in Pathology 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 anatomic pathology (AP), clinical pathology (CP) or AP/CP or foreign equivalent training -OR- For selected privileges in Biochemical Genetics, Clinical Chemistry/ Immunology, Microbiology/ Virology, Histocompatibility, or Cytogenetics for non-physicians a Ph.D. degree or equivalent and successful completion of a training program in the selected specialty area

AND

Successful completion of an American Board accredited training program or foreign equivalent for each selected specialty area.

Certification

Must have current American Board certification or active participation in the examination process leading to certification by the American Board or foreign equivalent training/board in each selected specialty area.

OR

Non-pathology trained physicians with board certification or eligibility in a field of practice in another medical specialty or foreign equivalent training/board.

Initial Criteria

Documentation or attestation of provision of 22 services during the last two years for each privilege area selected.

Renewal Criteria

Minimum of 22 cases required during the past two years for each privilege area selected. Maintain current American Board certification or active participation in the examination process leading to certification by the American Board or foreign equivalent training/board in each selected specialty area.

OR

Non-pathology trained physicians with board certification or eligibility in a field of practice in another medical specialty 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">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief Rec
	<p>CORE PRIVILEGES in anatomic and clinical pathology are for trained pathologists currently certified or actively engaged in the certification process</p>	
	<p>Privileges in Anatomic and Clinical Pathology, including provision of consultation to physicians for diagnosis, exclusion, and monitoring of disease. Primary area(s) of practice, as applicable, are checked below, but Core Privileges include the practice of Clinical Laboratory Medicine and Anatomic Pathology, including the various subsections listed.</p>	

FPPE

Core

SELECTED PRIVILEGES

Description: For those who have Selected Privileges without Core Privileges, privileges are restricted to the areas of practice checked below

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
	<p>SELECTED PRIVILEGES (Initial Criteria - Successful completion of an ACGME or AOA-accredited residency/fellowship in an appropriate medical specialty (see below) or foreign equivalent training. OR A PhD degree or equivalent degree; AND FOR ALL OF THE ABOVE: Successful completion of an accredited training program and/or examination for the select privileges, as specified below or foreign equivalent training. Documentation or attestation of provision of 22 pathology/laboratory services during the last two years)</p>	
	<p>Selected privileges in Anatomic and Clinical Pathology, including provision of consultation to physicians for diagnosis, exclusion, and monitoring of disease.</p>	

FPPE

Selected Privileges

PRIMARY SPECIALTY AREAS

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
	Autopsy Pathology	
	Surgical Pathology	

[applicant]

	Cytopathology, including Fine Needle Aspiration or Biopsy	
	Dermatopathology	
	Hematopathology/Laboratory Hematology	
	Neuropathology	
	Biochemical Genetics	
	Clinical Chemistry/Immunology	
	Microbiology/Virology	
	Molecular Pathology	
	Transfusion Medicine	
	Cytogenetics	
	Histocompatibility	

- Autopsy Pathology
- Biochemical Genetics
- Cytogenetics
- Microbiology/Virology (chart/specimen reviews)
- Transfusion Medicine (chart/specimen reviews)
- Clinical Chemistry/Immunology (chart/specimen reviews)
- Hematopathology/Laboratory Hematology (chart/specimen reviews)
- Molecular Pathology (chart/specimen reviews)
- Cytopathology (chart/specimen reviews)
- Dermatopathology (chart/specimen reviews)
- Neuropathology (chart/specimen reviews)
- Surgical Pathology (chart/specimen reviews)
- Histocompatibility (chart/specimen reviews)

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